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FUTURE PROGRAMME DIRECTIONS OF UNFPA IN LIGHT OF THE OUTCOME OF THE FIVE-YEAR REVIEW OF THE INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT (ICPD+5)

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I. INTRODUCTION

1. This report has been prepared in response to UNDP/UNFPA Executive Board decision 99/18, which requested the Fund to present a report "on the strategic role of UNFPA in supporting countries' implementation of relevant key actions contained in the report of the Ad Hoc Committee of the Whole of the Twenty-first Special Session of the General Assembly". It was also requested that the report: (a) be prepared in parallel to the multi-year funding framework report; (b) describe UNFPA's leadership role to ensure availability of reproductive health services and products; (c) outline working arrangements and coordination mechanisms with Governments, other United Nations agencies and donors; and (d) present strategic priorities that would "guide and focus the Fund's actions, engagement, and resource allocation".

2. The proposed future directions and strategies for UNFPA identified in this report correspond to those outlined in the document presented to the Executive Board at the second regular session on the multi-year funding framework (MYFF) 2000-2003 (DP/FPA/2000/6), and endorsed by the Board in its decision 2000/9, and will be fully incorporated into the process of results-based management within the Fund. This report has been prepared on a close parallel track to that of the MYFF in order to ensure a unified and complementary approach. In particular, the three goals selected for the MYFF reflect the Fund's three core programme areas.

3. Following the International Conference on Population and Development (ICPD) in 1994, the Fund prepared a report to the Executive Board (DP/1995/25) outlining its proposed programme priorities and future directions. In its decision 95/15, the Executive Board endorsed three core programme areas: reproductive health, including family planning and sexual health; population and development strategies; and advocacy. It was agreed that the selection of these three areas (prior to this, the Fund's assistance had been provided in eight workplan categories) would enable UNFPA to sharpen the strategic focus of its programming; capitalize on its comparative advantage and experience in the population and development field; and allow the Fund to pursue a more holistic approach in assisting countries to address their specific population needs. These three programme priority areas have served UNFPA well since the ICPD, but their review in light of the ICPD+5 review process is timely.

4. The ICPD+5 review process provided the opportunity to undertake an overall review of national experiences in implementing the ICPD Programme of Action. This process included a UNFPA field enquiry; the conclusions and recommendations from three ICPD+5 round tables and four technical symposiums; regional consultations by the five United Nations regional commissions; and The Hague Forum, which was preceded by meetings of key partner groups -- parliamentarians, non-governmental organizations (NGOs) and youth. The process culminated in the 21st Special Session of the United Nations General Assembly, which adopted a resolution on "Key actions for further implementation of the Programme of Action of the International Conference on Population and Development" on 2 July 1999 (see document A/RES/S-21/2).

5. The wide-ranging review undertaken in the ICPD+5 review process identified both significant progress in implementing the ICPD Programme of Action and a number of constraints. Areas of progress included: the integration of population concerns into development

strategies; policy, legislative and institutional changes in the areas of population and development and reproductive health and rights; increased involvement of NGOs; increased participation of women at policy and decision-making levels; legislative changes outlawing violence against women, particularly female genital mutilation (FGM); the delivery of more comprehensive reproductive health packages at the primary-care level; greater attention to the needs of adolescents and to the roles and responsibilities of men; availability of a wider range of contraceptives; and greater attention to reducing maternal deaths as part of the right of women to reproductive health, as well as a greater focus on effective interventions. In addition, there was increased understanding of implementation processes and recognition of the need for greater involvement of civil society in the overall implementation of the ICPD Programme of Action.

6. Despite the progress that the ICPD+5 process documented, it also found a number of constraints to operationalizing the ICPD Programme of Action, including: the lack of reliable data to identify needs and priorities and to plan effective programmes; insufficient financial resources; continuing sensitivity concerning the reproductive health of adolescents; insufficient national technical capacity; and the not yet full involvement of civil society and the private sector. These constraints exist in an environment where gender equality is far from being achieved; where women continue to die, from childbirth and other causes, at unacceptably high rates; the HIV/AIDS pandemic is worsening; political instability and emergency situations continue to occur; and there are growing numbers of adolescents and elderly.

7. In reflecting on the future role of UNFPA against the backdrop of the progress made and challenges remaining, the Fund has come to two main conclusions: (a) the three UNFPA core programme areas endorsed in decision 95/15 remain valid although there is a need to sharpen the focus of the Fund's support within these areas in order to better respond to the population and reproductive health needs of countries and to assist countries to meet the goals and benchmarks of ICPD+5; and (b) there is a need to strengthen the inter-linkages between the three core programme areas.

8. UNFPA's support will continue to be focused at country level and will be based on the needs of the programme countries. All activities in UNFPA-assisted programmes will be undertaken in accordance with the principles and objectives of the ICPD Programme of Action, which were reaffirmed in the resolution of the General Assembly's special session on ICPD+5.

9. In addition, in sharpening the focus of its programme priorities the Fund is also taking account of trends in global demographic and reproductive patterns, including a continuing decline in the age at menarche for girls and a gradual increase in the age at marriage. This results in a longer period of time of sexual maturity for young people before marriage and family-building starts, thus increasing the sexual health risks for adolescents. As average family size has gradually decreased, the process of child-bearing is becoming condensed into an even shorter period of a few years, as compared with the 10-15 years that was the case in the past. The result is a much longer period of sexual, but not reproductive, activity after the family has been formed and during which no additional children are desired. This has implications for contraceptive needs, particularly for long-term methods, and for other reproductive health issues such as unwanted pregnancy, abortion and sexually transmitted diseases (STDs). As mortality

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and fertility both continue to decline, population ageing and its social and economic consequences, already a concern in industrialized countries, is an emerging concern in almost every developing country as well. Finally, high rates of urbanization, with their social and economic implications, are an increasing concern for many countries.

10. The tasks set out in the ICPD Programme of Action, which have been further elaborated in the ICPD+5 process, are clearly beyond the capacity of any single organization to achieve. Therefore, UNFPA will continue to strengthen working arrangements both within and outside the United Nations system as discussed further in Section III of this report in order to assist countries in their efforts to achieve the ICPD goals.

II. RESPONDING TO ICPD+5

A. The challenges of the ICPD+5

11. The ICPD+5 key actions document, while essentially reaffirming the principles, goals and objectives of the ICPD Programme of Action, highlighted a number of areas requiring greater action and identified some emerging areas for attention. New benchmarks for the ICPD goals as well as a new goal and benchmarks for HIV/AIDS were elaborated in five paragraphs – 34, 53, 55, 64 and 70 (see annex 1). The role of UNFPA and relevant United Nations agencies and organizations were mentioned in a number of paragraphs, notably 23, 38, 40, 55, 61, 66, 70, 89, 103 and 104 (see annex 2). The following paragraphs briefly identify a number of areas of continuing focus for UNFPA, as well as areas that require greater attention as a result of the resolution of the 21st special session.

12. Although the ICPD+5 review demonstrated that the concept of reproductive health is now largely accepted, many countries still need technical and financial assistance in order to operationalize that concept in their own programmes, both in terms of integrating various components of reproductive health care and in terms of improving the management of services and the quality of care. Also, within the overall context of health sector reform, it has become clear that countries need further assistance in assuring the place of reproductive health services in the context of sector-wide approaches (SWAps), in the financing of SWAps, and in ensuring that the strengthening of reproductive health, including family planning and sexual health, services will continue to contribute to the overall strengthening and sustainability of basic health services (para. 52(a) of the key actions document).

13. The key actions document also reaffirmed in paragraph 3 that "the promotion of the responsible exercise of those [reproductive] rights for all people should be the fundamental basis for government- and community-supported policies and programmes in the area of reproductive health, including family planning".

14. Reproductive health, including family planning, commodity needs continue to increase in line with the growth in the number of persons in the reproductive health age group and as the use of reproductive health services increases. As recommended, the Fund, in its overall work and through the work of the Global Initiative on Reproductive Health Commodity Management, will

continue to assist countries to ensure the widest availability of reproductive health, including family planning, products and services.

15. Addressing the reproductive and sexual health needs of young people, particularly adolescents, has increasingly become an area of active engagement for the Fund since the ICPD. The size of the cohort of adolescents continues to increase and the scope and extent of sexual and reproductive health risks and problems affecting adolescents worldwide cannot be over-emphasized. The key actions document reaffirmed commitments concerning adolescent reproductive health set forth in the ICPD Programme of Action; recognized the rights of adolescents to reproductive health education, information and care "with due respect for the rights, duties and responsibilities of parents"; and urged the need for user-friendly and accessible services to address effectively their reproductive and sexual health needs (paras. 73-75).

16. The ICPD+5 review recognized that the HIV/AIDS pandemic was significantly more severe than had been anticipated in 1994. The future actions document strongly expressed the need for urgent action to address the problem, including strengthening interventions aimed at assisting individuals, particularly women and young people, to protect themselves against HIV/AIDS and other STDs (paras. 67-72).

17. In the area of maternal mortality reduction, progress has not been as great as expected at the time of the ICPD. However, many small-scale projects aimed, for example, at increasing access to skilled maternal care are beginning to yield positive results. Although abortion appears to be declining, especially in countries where family planning is increasingly available, it continues to be a major public health issue and a human tragedy that requires urgent attention. It will be necessary to implement effective strategies for strengthening maternal health programmes on a large scale if the ICPD goals for maternal mortality reduction are to be achieved (paras. 62-66).

18. Creating an enabling environment is also a requisite for the achievement of reproductive health and rights. The key actions document reiterated the role that gender equity, equality and empowerment of women play in the overall process of development and the need to eliminate all forms of discrimination against women as a prerequisite for ensuring the highest standards of reproductive and sexual health. The ICPD+5 process reaffirmed the vital importance of gender equality as an important goal in and of itself but also for achieving the overarching global goals of poverty eradication and improved quality of life; and for enabling women and men to achieve reproductive health. The Fund's MYFF thus identifies gender equality and women's empowerment as a UNFPA goal and reaffirms that the persistence of social and cultural attitudes that discriminate against women continue to obstruct the realization of gender equality. Violence against women and the girl child is common and often results in sexual and reproductive disorders. In many countries, early marriage, which generally leads to early pregnancy, not only cuts women's education short but is linked to higher levels of maternal and neonatal morbidity and mortality. The ICPD+5 review urged countries to act to eliminate gender-based violence and other harmful practices, including FGM.

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19. The ICPD+5 review recognized the changing composition of the world's population, with ever-larger numbers of elderly and young people and stressed the need to strengthen national data systems to monitor, analyse and assess the causes and consequences of demographic trends, such as ageing and migration (paras. 21-23).

20. The key actions document also highlighted the need in many parts of the world to focus operational programmes on specific groups of needy beneficiaries such as the poor, the disadvantaged, adolescents, refugees, migrants and displaced persons. Within each category, there was a recognition that women and young girls were often the most disadvantaged.

21. Emergencies -- both natural disasters and conflicts -- affect growing numbers of people. Meeting the basic reproductive health needs of refugees, internally displaced persons and migrants is essential, as persons in these situations, particularly women and young people, often have little or no access to needed sexual and reproductive health services while, at the same time, they are at a greater risk of STDs and gender violence. In particular, population displacement seems closely related to the spread of HIV/AIDS, and prevention efforts are particularly important in such situations. Documenting and meeting the reproductive health needs of persons in emergency situations continues to be a priority (para. 54). Advocacy efforts should also work to ensure that reproductive health is mainstreamed into all relief and rehabilitation programmes. UNFPA's role in emergency situations is discussed in a report to the Executive Board's annual session 2000 (DP/FPA/2000/12).

B. Proposed UNFPA substantive focus

22. This section indicates UNFPA's proposed substantive focus, within each of the Fund's three priority areas, in response to the challenges laid down by the ICPD+5. These areas of substantive focus are closely linked to the results outlined in the MYFF 2000-2003. The MYFF identifies the results that the Fund as a whole is working to achieve at two levels – goals and outputs. The table below summarizes these results as endorsed by the Executive Board in its decision 2000/9.

MYFF 2000-2003 Results Framework – UNFPA Goals and Outputs

[illegible]	[illegible]
1) All couples and individuals enjoy good reproductive health, including family planning and sexual health, throughout life.	i) Increased availability of comprehensive reproductive health services.
	ii) Improved quality of reproductive health services.
	iii) Improved environment for addressing practices that are harmful to women's health.
2) There is a balance between population dynamics and social and economic development.	iv) National development plan and sectoral plans in line with ICPD Programme of Action.
	v) Increased availability of sex-disaggregated population data.
3) Gender equality and empowerment of women are achieved.	vi) Increased information on gender issues.

23. As stated in paragraph 7 above UNFPA proposes to continue to concentrate its funding in the three programme priority areas adopted in decision 95/15, namely, reproductive health, including family planning and sexual health; population and development strategies; and advocacy. These programme areas are clearly reflected in the goals selected for the MYFF framework. The MYFF also identifies advocacy as a major strategy to achieve the proposed results, along with three other strategies -- strengthening national capacity; building and using a knowledge base; and promoting, strengthening and coordinating partnerships. The operationalization of reproductive health services is captured in the MYFF by its outputs: increased availability of comprehensive reproductive health services; improved quality of reproductive health services; and improved environment for addressing practices that are harmful to women's health.

1. Reproductive health, including family planning and sexual health

Substantive focus

24. In the area of reproductive health and rights, UNFPA will focus on the following: family planning; maternal health and maternal mortality and morbidity reduction; prevention and management of reproductive tract infections (RTIs) and sexually transmitted diseases (STDs); and prevention of HIV/AIDS. Priorities among these core components will be determined by the specific needs of individual countries. Other components of reproductive health may be supported in accordance with national needs and the level of development of national health systems. The Fund will also support various measures to create an enabling environment that will maximize the operationalization of reproductive health services in order achieve the outputs set forth in the MYFF.

25. Maternal health. In order to assist countries to improve maternal health and reduce maternal mortality and morbidity, the Fund will focus its support on three critical areas: ensuring the availability of family planning services and commodities so that all pregnancies are planned and recourse to abortion is avoided; ensuring that every woman has a skilled attendant at the time of delivery; and ensuring that every woman has access to assisted delivery and emergency care in case of complications. Data will be collected to monitor the availability and use of obstetric services. During the post-partum period, family planning counselling and provision of contraceptives compatible with breast-feeding will be emphasized. As part of this strategy, and as recommended by the WHO/UNICEF/UNFPA Coordinating Committee on Health (CCH) in its December 1999 meeting and in an October 1999 Joint Statement on Maternal Mortality Reduction of WHO, UNICEF, UNFPA and the World Bank, stronger country-level collaboration and coordination mechanisms for all appropriate partners are being put in place in order to strengthen safe motherhood initiatives.

26. Given the fact that the health and social status of women are vital determinants of their capacity to successfully face the challenges and risks of pregnancy and delivery, the Fund will continue to advocate for girls and young women to have access to nutrition, health care, education, and life and development opportunities that help ensure their equal status with men.

Delaying the age at marriage and first birth, including for married couples, spacing pregnancies, and decreasing the incidence of unintended pregnancy, especially among young people, remain priority actions that will be achieved mainly through community mobilization. The Fund will continue to help countries strengthen their management capacities so that adequate supplies of safe, affordable reproductive health commodities can be assured.

27. Adolescent reproductive health. The Fund is strongly committed to promoting the health and development of adolescents and involving adolescents in all activities that affect their lives, including their sexual and reproductive health. Within the social and cultural context of each country, UNFPA's objective is to ensure that adolescents receive the information and care that enables them to make responsible decisions to protect themselves from undesirable sexual and reproductive health outcomes. Those include: unwanted pregnancy, STDs and HIV/AIDS, maternal mortality and morbidity, sexual violence and rape. Strategies will include promoting a better understanding of the needs of adolescents among, for example, policy makers, legislators, service providers, parents and community leaders; promoting South-South exchanges of best practices; promoting youth-to-youth counseling; and supporting the provision of appropriate information and services on sexual and reproductive health through all appropriate entry points.

28. Prevention of RTIs and STDs, including HIV/AIDS. Preventing reproductive tract infections (RTIs) and STDs helps prevent many other serious reproductive health problems, such as HIV/AIDS transmission, secondary infertility, and cervical cancer, as well as improve the overall well-being of women and men. UNFPA will focus its support on strengthening the prevention, diagnosis and treatment of RTIs and STDs within the context of reproductive health information and services at the primary health-care level. The Fund will continue to look to WHO for technical guidance on the most appropriate and effective means to operationalize this component of reproductive health services.

29. UNFPA will provide support for the development of new reproductive health technologies and protocols to prevent, diagnose and treat RTIs and STDs. The use of effective information, education and communication (IEC) strategies to help individuals change their behaviours and thus reduce their risks of contracting RTIs and STDs is a central component of preventive measures. Since over half of all new STDs are among young people, they represent a major target group for such efforts. In addition, ensuring supplies of appropriate reproductive health commodities, such as condoms, will continue to be vital to combatting the spread of STDs and HIV/AIDS.

30. The Fund's support in the area of HIV/AIDS will be strengthened but will continue to focus mainly on prevention of HIV transmission. UNFPA will continue to promote HIV prevention as an essential component of reproductive health services by working to ensure that all persons have the information, knowledge, means and ability to protect themselves from infection. UNFPA will focus its attention on prevention in adolescents, particularly young girls and women, and on certain components of programmes to address mother-to-child transmission. The responsibility of men in preventing STD and HIV transmission will be an integral part of the overall approach, as will enabling women to protect themselves with anti-retroviral treatment in post-rape, condom failure, or other HIV risk situations.

31. The Fund will continue to seek technical policy and guidance from UNAIDS in the area of HIV/AIDS and will continue to work within the collaboration mechanisms of UNAIDS, particularly at the country level. In order to maximize the efficient and effective use of technical resources from various agencies, UNAIDS-funded specialists in STD and HIV prevention are being placed in a number of UNFPA Country Technical Services Teams (CSTs).

32. Elimination of harmful traditional practices. The Fund's approach to the eradication of harmful traditional practices, especially FGM, will include support to: national workshops to assist Governments in setting clear policies against FGM, including, where appropriate, passing legislation; training reproductive health providers; producing culturally appropriate information materials and carrying out action-oriented research on sociocultural aspects of FGM, on its obstetrical and gynaecological consequences, and on the perceptions and motivations of providers. The Fund will continue to involve community and religious leaders; peers and peer groups; the media; and NGOs particularly women's community groups in its advocacy against FGM. UNFPA will also intensify its advocacy activities with regard to other manifestations of violence against women, such as domestic and sexual violence, battering, honour killings, dowry deaths and trafficking of adolescent girls and women.

33. Reproductive health commodity security. UNFPA will take a lead role in reproductive health, including family planning, commodity security. This will mean working to ensure the continuing availability at service delivery points of high-quality reproductive health, including family planning, products. A global strategy and action plan to ensure the security of reproductive health commodities is currently under preparation. It will identify and clarify UNFPA's role in promoting and coordinating the strategy and action plan, UNFPA's specific contribution in terms of commodity support and strengthening logistics management, and the roles and commitments of such other partners as United Nations agencies, bilateral donors, the private sector, foundations and NGOs.

34. Each additional method of family planning that becomes available increases the choices for individuals and couples, and there is a continuing need to ensure that such products are safe and effective. UNFPA will therefore continue to provide support for research and development on new and improved family planning methods and reproductive health products and for the continuing assessment of their safety and effectiveness. The Fund will also advocate for other donors and the private sector to increase their financial support for development and testing of new products.

35. The Fund will also promote the introduction into national programmes of new and less known methods of family planning in order for women and men to have wider choices to meet their needs and protect their reproductive health, particularly at different times of the lifecycle, in line with paragraph 57(a) of the key future actions document.

36. UNFPA will also work to ensure that the quality, availability and logistics management of both male and female condoms for STD and HIV prevention are a key component of the Fund's approach to reproductive health commodity security. The Fund will also make available

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its procurement and logistics management capacity and expertise for drugs and supplies for HIV treatment and care not supported from UNFPA core funds. Finally, UNFPA will provide support to the development of microbicides and other female-controlled methods for STD and HIV prevention.

Creating an enabling environment

37. UNFPA's overall strategy in the area of reproductive health will continue to be guided by the needs of countries and by a public health, pragmatic and participatory approach. The Fund will promote a primary health care approach; the use of evidence-based effective interventions; an incremental approach to the eventual achievement of comprehensive access to reproductive health services; and an approach that balances, as appropriate, service integration with referral mechanisms. Access and quality will continue to be emphasized as vital elements for client satisfaction, and UNFPA will continue to support approaches that promote the important contributions of the public, NGO and private sectors.

38. The Fund will continue its major role as an advocate for reproductive health and rights and will take a lead role in assisting Governments to coordinate their policy and strategy dialogue on these issues and to coordinate overall support to national reproductive health programmes. The Fund will strengthen its capacity to collect and disseminate the latest knowledge and best practices concerning reproductive health technologies and strategies in order to assist countries to implement reproductive health services as effectively as possible. UNFPA will promote the inclusion of all stakeholders in the coordination process, which will be modeled on best practice experience. As recommended in paragraph 89 of the key actions document, this process will continue to clarify the specific roles and responsibilities of United Nations agencies and organizations in the area of reproductive health and thus strengthen system-wide United Nations coordination.

39. UNFPA-supported programmes will continue to reflect the fact that the main burden of reproductive health continues to fall on women. However, since men have an important responsibility for protecting both their own reproductive health as well as that of their partners, programmes will increasingly involve men. The programmes will address the roles and responsibilities of men in protecting women's rights; in supporting women's access to sexual and reproductive health services; and in protecting girls and women from coercion and violence.

40. In assisting countries to operationalize reproductive health services, particular attention will be paid to a number of issues. For example, quality-of-care frameworks initially developed for family planning will be expanded to cover all components of reproductive health. The provision of reproductive health services will stress a client perspective. Knowing that in many circumstances the same person is responsible for providing information and services on a number of reproductive health components, training of service providers will take this into account and will also focus on training service providers in knowing where and when to refer clients.

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41. The Fund recognizes that reproductive health is not assured by access to services alone but is also determined by such prerequisites as nutrition, health, and education for girls for which the Fund will continue to advocate. Gender concerns will also continue to be an integral component of all aspects of UNFPA's work, and efforts to take account of and mainstream gender into all the Fund's programmes will be strengthened. The Fund will also promote the involvement of women and women's groups in the planning and delivery of reproductive health services as an essential element in ensuring the acceptability of services and of meeting women's needs.

42. In those countries in which sector wide approaches (SWAps) exist, the Fund is aligning its support for reproductive health programmes with them. This is discussed in more detail in document DP/FPA/2000/CRP.3, presented to the second regular session 2000 of the Executive Board. In all countries, regardless of the presence or absence of a SWAp, the Fund seeks to ensure, under the leadership of WHO as recommended in paragraph 66 of the key actions document, that its support for gender-sensitive reproductive health services also promotes and contributes to the overall strengthening of basic health services.

2. Population and development strategies

43. The proposed ICPD+5 focus of UNFPA in the area of population and development is reflected in the MYFF goal of creating a balance between population dynamics and social and economic development. The Fund's focus will be on building and using a knowledge base to strengthen the process of development in line with the ICPD Programme of Action and, more specifically, to contribute towards monitoring and achieving the goals related to population and reproductive health expressed in the key actions document. The Fund will continue to promote the importance of a gender focus and sex-disaggregated data and analysis in the work that it supports (paras. 39-51 of the key actions document).

44. Strengthening national policy development. Strengthening the institutional, policy-making and planning capacities of countries is essential for effective national development planning. It is also essential if developing countries and those with economies in transition are to participate more effectively in a globalized economy. The Fund will therefore continue to support research and policy analysis to strengthen the understanding of linkages between population and the economy, poverty, food security, environment and health. This will involve institutional and human capacity-building, including the strengthening of national expertise, and effective linkages to external knowledge networks.

45. Data systems and indicators. Reliable and timely data are an essential element in improving the ability of Governments to identify needs and priorities and to formulate effective policies and programmes to address population and development and reproductive health concerns. The Fund will, therefore, continue to promote the strengthening of national data systems for the collection, analysis and dissemination of relevant population and development data and, on a selective basis, provide support for such strengthening. The strengthening of data systems will emphasize the need for countries to monitor their individual progress towards international social development goals, particularly the goals and benchmarks of the ICPD and

related conferences. In order to reach those goals, countries will need to pay particular attention to gender-disaggregated, sub-national and poverty-related indicators.

46. In addition to limited support for population censuses, surveys and related health information systems, the use of cost-effective rapid assessment techniques of data collection will be encouraged. A specific focus will be the strengthening of gender-sensitive data systems for the planning, management, implementation, monitoring and evaluation of reproductive health services in the context of health management information systems. The strengthening of such systems will also enable the Fund to respond to the monitoring, evaluation and reporting requirements of the MYFF.

47. Migration and population distribution. UNFPA will continue to support, on a selective basis, the conduct of policy-relevant and operationally-relevant research in order to better understand the causes and consequences of international migration flows as well as the internal movements of people that lead to rapid urbanization. The Fund will be especially concerned with the gender, health and social dimensions of such population movements. There is also a need for policy-related research to understand better how population distribution trends affect the ability of Governments to deal with such issues as globalization, sustainable development, urbanization and conflicts.

48. Population ageing. Population ageing is a major challenge in those developing countries that are already advanced in the demographic transition, and it is an emerging issue for most other developing countries as well. These countries often lack the institutional and economic resources to respond to the basic needs of older persons. The Fund will seek to strengthen national capacities of developing countries to collect data and carry out policy research to better meet the needs of older populations and will advocate and promote these needs in various forums leading to and beyond the World Assembly on Ageing + 20, which is to be held in 2002. The emphasis will be on achieving an approach that gives due weight to gender dimensions, the poor and the disadvantaged.

49. Gender, population and development. Innovative policies and programmes are required to help promote gender equality, equity and the empowerment of women. UNFPA will selectively support such initiatives, particularly among poor communities, that help to widen choices and increase women's inclusion and power in population and development processes, especially in the areas of education, health and employment.

50. Population education. The Fund works very closely in the education sector, including on education SWAps, with a number of partners, including UNESCO, UNDP, UNICEF and the World Bank. The Fund's specific role is to advocate for and promote internationally agreed education goals and, particularly, for the elimination of all gender differentials and to strengthen national capacity to ensure that population and reproductive health education are core components of all education programmes. The content of such programmes includes life skills development; gender relations; sexual and reproductive health education, including on the risks of STDs and HIV/AIDS and unwanted pregnancy; violence against girls and women; family life education; and the causes and implications of demographic trends.

3. Advocacy

51. Advocacy is both a programme priority area and one of the major strategies through which the Fund seeks to achieve its results. UNFPA will continue to advocate for the goals of the ICPD and for those of the key actions document of the ICPD+5. The substantive content of the Fund's work will focus on advocacy for the mobilization of the national and international resources needed to meet the goals of the ICPD and the benchmarks of ICPD+5; advocacy for rights to reproductive health and for gender equity and equality and women's empowerment; and advocacy for the core substantive focus areas of the Fund in terms of reproductive health and population and development strategies. The aim is to move reproductive health and population up on the development agenda and to promote needed domestic and international policy change.

52. In addition, the Fund will lend its voice on development issues not directly funded through its core programme areas that contribute both to establishing an enabling environment for reproductive health and population programmes and to the broader overall process of development. These include, among others, poverty eradication, the education of the girl child, the role and status of women, provision of economic opportunities and employment for women, migration, and the environment. In its work in these areas, the Fund will promote the strategic use of new information and communication technologies.

III. WORKING ARRANGEMENTS AND COORDINATION MECHANISMS

53. In order to achieve its programme priorities as reflected in the ICPD+5 process, UNFPA will continue to work with a large number of partners through a wide variety of mechanisms. First and foremost, the Fund will continue to work closely with the Governments of programme countries to ensure that UNFPA-supported programmes are in accordance with national goals, priorities and strategies. It will also continue to work with other agencies and organizations in the United Nations system, including in particular the United Nations Development Group (UNDG), as well as other multilateral and bilateral donors, the World Bank and regional development banks, and NGOs, to ensure that UNFPA's activities are part of a coordinated approach by all partners in the development process and that each organization has a clearly defined role in this process. UNFPA's Technical Advisory Programme (TAP) will serve an important role in undertaking interregional syntheses of experiences, lessons learned and best practices for improving subprogrammes and projects.

54. There are an increasing number of mechanisms available to facilitate such coordination, including the Common Country Assessments (CCAs), United Nations Development Assistance Frameworks (UNDAFs) and the Fund's own Country Population Assessments (CPAs), among others. The Fund will work with all partners on linkages between the Comprehensive Development Frameworks (CDFs) and the Poverty Reduction Strategy Papers (PRSPs) on the one hand and the CCA, UNDAF and other instruments on the other hand. Strengthened coordination within the CCA and UNDAF at the country level are seen by the partners in the United Nations system as being vital to the achievement of more effective support to national programmes. In addition, in different countries, relevant partners have set up theme groups to

discuss coordinated action in specific areas, such as combatting the spread of HIV/AIDS, and the Fund participates in these groups wherever appropriate. The Fund will continue to engage actively in the SWAp modality, which foresees heightened financial cooperation between Governments and donors in different social and development sectors.

55. In addition to the various means of harmonizing the activities of different partners at the national level, mechanisms at global level, such as the WHO/UNICEF/UNFPA Coordinating Committee on Health (CCH), further support and reinforce policy and programme coordination. In December 1999, for example, the CCH made recommendations for strengthening collaboration between and among the three member organizations in the areas of maternal mortality and morbidity, HIV/AIDS, adolescent health and immunization. The conclusions and recommendations of this meeting, along with a memorandum from UNFPA's Executive Director in regard to follow-up actions, have been circulated to all UNFPA country offices.

56. In the area of reproductive health, UNFPA continues to look to WHO, and also to UNAIDS, to provide the overall policy framework for reproductive health services; to provide technical and managerial guidance and support; to set standards and norms; and to coordinate research and development efforts for the full spectrum of reproductive health activities. Under the leadership of WHO, United Nations agencies and other partners are working towards consensus on a core set of universal standards for user-friendly reproductive health care and on indicators to monitor achievements in both coverage and quality of reproductive health care.

57. The Fund continues to work closely with UNICEF in assisting countries to operationalize various components of reproductive health services, such as reducing maternal mortality, preventing HIV/AIDS and promoting adolescent health and development. In the area of gender, UNFPA and UNICEF, together with UNIFEM and women's groups from various sectors, work closely on advocacy for women's empowerment and rights, eradication of harmful traditional practices such as FGM and of all forms of violence against girls and women, and on collection of data disaggregated by gender. Changing policies and family codes and enacting laws that protect women's rights are all part of this work. The involvement and participation of men and adolescent boys are increasing areas of focus for all the partner organizations.

58. UNFPA is developing stronger and more frequent interaction with the World Bank and other development banks, both at the technical level and at the implementation level. For example, the World Bank has made increased use of UNFPA's procurement services in its support of overall health infrastructure development. In the area of training, UNFPA is a co-sponsor of the World Bank Institute's course on population, reproductive health and health sector reform. UNFPA will continue to seek closer collaboration with the World Bank and to stress the importance of coordination between the UNDAF, CCA, the CDF and PRSP processes, especially on the fundamental need for ownership of these processes by Government.

59. One of the main goals of all the efforts at enhanced coordination and collaboration is to develop common databases and indicators and to build sustainable national statistical capacity within which countries will be better able to monitor their progress towards reaching ICPD goals. In this regard, UNFPA supports the Paris 21 initiative, which seeks to build on other

ongoing initiatives to strengthen national statistical capacity, through multilateral donor coordination involving the United Nations, the World Bank, the International Monetary Fund (IMF) and the Organization for Economic Cooperation and Development (OECD). Within the United Nations system, the Fund continues to work closely with the United Nations Statistics Division to provide technical assistance and mobilize resources for population and housing censuses and demographic and health surveys. Close collaboration also continues with UNESCO, FAO, United Nations regional commissions, and ILO on a number of population-related issues. The Fund continues to work closely with the Commission on Population and Development, the Commission on the Status of Women, the United Nations Population Division, the United Nations Statistics Division and treaty body organizations in the follow-up to the ICPD and other relevant international conferences.

60. In other thematic areas that were highlighted in the ICPD+5 review, such as ageing and population linkages with poverty and the environment, UNFPA will continue to work closely with United Nations system partners, including the Department of Economic and Social Affairs (DESA), the regional economic and social commissions, the United Nations National Institute for Ageing in Malta and the United Nations Environment Programme (UNEP). The Fund will also continue to sponsor regional and inter-regional research on population and development issues with international NGOs, such as The Population Council, in close collaboration with partner countries.

61. As indicated earlier in this document, partnerships with civil society and private sectors organizations are being reinforced in many areas, including reproductive health commodity security, resource mobilization, quality assurance, service delivery, advocacy and monitoring accountability. At the national level, key partners include national NGOs, academic institutions, organizations serving women and youth, the media, local government officials and parliamentarians.

62. Partnerships with both national and international NGOs are particularly critical in carrying out advocacy activities. UNFPA will continue to build strong and dynamic partnerships for advocacy at the international, regional and national levels. These partnerships will become increasingly critical for such issues as adolescent reproductive and sexual health; the reproductive health of the poor and disadvantaged; elimination of gender-based violence; the recognition of reproductive rights as humans rights; and resource mobilization. In addition to such United Nations partners as UNAIDS, UNICEF, UNHCR and the United Nations High Commission for Human Rights, the Fund will continue to work with bilateral agencies and with international NGOs, as well as with communities and civil society organizations.

63. As the world moves towards a globalization of knowledge and information resources through the Internet, UNFPA will increasingly work with Governments as well as NGOs and the private sector in order that countries can avail themselves of these new opportunities. UNFPA will work with other agencies and partners, such as UNDP, the World Bank, UNESCO, international NGOs, and telecommunication operators, Internet service providers and other commercial interests to promote access to new communication technologies and, through them, the global knowledge base on population and reproductive health.

64. Finally, the further strengthening of South-to-South networks and mechanisms will continue to be a major priority for the Fund in order to facilitate the process of countries' sharing and learning from each other's experiences.

IV. ELEMENTS OF A DECISION

65. The Executive Board may wish to:

(a) Take note of this report;

(b) Endorse the continuing use of UNFPA's three core programme areas: reproductive health, including family planning and sexual health; population and development strategies; and advocacy;

(c) Endorse the proposed substantive focus within each programme priority area as set forth in this report;

(d) Endorse the Fund's overall approach to collaboration and coordination within the United Nations Development Group and with WHO, UNICEF, the World Bank and regional development banks, UNAIDS, the United Nations Population Division, the United Nations Statistics Division, UNESCO, ILO, FAO, UNEP, other United Nations agencies and organizations; non-governmental organizations; and the private sector;

(e) Note the critical need for increased mobilization of resources from all sources, including from national governments, bilateral donors, the private sector and individual families.

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ANNEX I

Interim Benchmarks Agreed at the Special Session on ICPD+5

The interim benchmarks for achieving ICPD goals agreed by consensus at the special session* are listed below:

(a) The 1990 illiteracy rate for women and girls should be halved by 2005; and by 2010, the net primary school enrolment ratio for children of both sexes should be at least 90 per cent;

(b) By 2005, 60 per cent of primary health care and family planning facilities should offer the widest achievable range of safe and effective family planning methods, essential obstetric care, prevention and management of reproductive tract infections including sexually transmitted diseases, and barrier methods to prevent infection; 80 per cent of facilities should offer such services by 2010, and all should do so by 2015;

(c) At least 40 per cent of all births should be assisted by skilled attendants where the maternal mortality rate is very high, and 80 per cent globally, by 2005; these figures should be 50 and 85 per cent, respectively, by 2010; and 60 and 90 per cent by 2015;

(d) The gap between the proportion of individuals using contraceptives and the proportion expressing a desire to space or limit their families should be reduced by half by 2005, by 75 per cent by 2010, and by 100 per cent by 2015. Recruitment targets or quotas should not be used in attempting to reach this goal; and

(e) To reduce vulnerability to HIV/AIDS infection, at least 90 per cent of young men and women, aged 15 to 24, should have access by 2005 to preventive methods -- such as female and male condoms, voluntary testing, counseling, and follow-up, and at least 95 per cent by 2010. HIV infection rates in persons 15 to 24 years of age should be reduced by 25 per cent in the most-affected countries by 2005 and by 25 per cent globally by 2010.

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* Source: *Report of the Secretary-General of the twenty-first special session for an overall review and appraisal of the implementation of the Programme of Action of the International Conference on Population and Development (document A/54/442).*

ANNEX II

The following paragraphs have been extracted from General Assembly document A/RES/S-21/2

RESOLUTION ADOPTED BY THE GENERAL ASSEMBLY

S-21/2. Key actions for the further implementation of the Programme of Action of the International Conference on Population and Development

Changing age structure and ageing of the population

23. The United Nations system should, provided that additional resources are made available, document the positive experience of policies and programmes in the area of ageing of men and women and disseminate information and recommendations about those practices. Countries should be enabled, through adequate training and capacity-building, to evolve their own policies appropriate to their cultures, traditions and socio-economic circumstances.

Data systems, including indicators

38. The United Nations system and donors should be specifically urged to strengthen the capacity of developing countries, particularly the least developed countries, and those with economies in transition, to undertake censuses and surveys on a regular basis so as to improve vital registration systems, and to develop innovative and cost-effective solutions for meeting data requirements, especially for regular monitoring of the implementation of the goals of the International Conference on Population and Development, including improved estimates of maternal mortality.

Promotion and protection of women's human rights

40. The implementation of population and development policies by Governments should continue to incorporate reproductive rights in accordance with paragraphs 1.15, 7.3 and 8.25 of the Programme of Action. Governments should take strong measures to promote the human rights of women. Governments are encouraged to strengthen, as appropriate, the reproductive and sexual health as well as the reproductive rights focus on population and development policies and programmes. The work of relevant United Nations bodies on indicators for the promotion and protection of the human rights of women should incorporate issues related to sexual and reproductive health. Governments should ensure the protection and promotion of the rights of adolescents, including married adolescent girls, to reproductive health education, information and care. Countries should establish mechanisms for consultation with all relevant groups, including women's organizations. In this context, Governments are urged to incorporate human rights into both formal and informal education processes.

Reproductive health, including family planning and sexual health

55. Increased efforts are needed by the United Nations system, with support from the international community, to develop and agree upon common key indicators on reproductive health programmes, including, *inter alia,* family planning, maternal health, sexual health, sexually transmitted diseases, HIV/AIDS, and information, education and communication for appropriate consideration in the relevant

intergovernmental process. Bearing in mind the efforts made by national Governments, the World Health Organization is invited to take the lead role in this area, in coordination with the United Nations Children's Fund, the United Nations Population Fund, the United Nations Development Programme, the Joint and Co-sponsored United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome, the Department of Economic and Social Affairs of the Secretariat and other relevant United Nations entities, drawing on other expertise and knowledge as appropriate. Indicators on maternal and neonatal mortality, maternal morbidity and maternal health programmes should be given a prominent place, in order to monitor progress effectively and ensure that priority is given to reproductive health care in the provision of general health services. The international community is encouraged to provide financial and technical assistance to developing countries to improve their capacity-building in terms of indicators, data collection, monitoring, and evaluation in this field.

Ensuring voluntary quality family-planning services

61. The United Nations Population Fund is urged to continue to strengthen its leadership role within the United Nations system in assisting countries to take the strategic action necessary to ensure availability of reproductive health services and choice of reproductive health products, including contraceptives.

Reducing maternal mortality and morbidity

66. The World Health Organization, in cooperation with other relevant United Nations bodies, is urged to fulfil its leadership role within the United Nations system in assisting countries, in particular developing countries, to put in place standards for the care and treatment for women and girls that incorporate gender-sensitive approaches and promote gender equality and equity in health-care delivery and to advise on functions that health facilities should perform to help guide the development of health systems to reduce the risks associated with pregnancy, taking into consideration the level of development and the economic and social conditions of countries. At the same time, United Nations agencies, including the United Nations Population Fund and the United Nations Children's Fund, and multilateral development banks, such as the World Bank, should intensify their role in promoting, supporting, advocating for and investing in action to improve maternal health.

Prevention and treatment of sexually transmitted disease, including human immunodeficiency virus/acquired immunodeficiency syndrome

70. Governments, with assistance from the Joint and Co-sponsored United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome and donors, should, by 2005, ensure that at least 90 per cent, and by 2010 at least 95 per cent, of young men and women aged 15 to 24 have access to the information, education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection. Services should include access to preventive methods such as female and male condoms, voluntary testing, counselling and follow-up. Governments should use, as a benchmark indicator, HIV infection rates in persons 15 to 24 years of age, with the goal of ensuring that by 2005 prevalence in this age group is reduced globally, and by 25 per cent in the most affected countries, and that by 2010 prevalence in this age group is reduced globally by 25 per cent.

PARTNERSHIPS AND COLLABORATIONS

89. All relevant bodies and entities of the United Nations system should continue to clarify, within existing mechanisms, their specific leadership roles and responsibilities and continue to strengthen their efforts to promote system-wide coordination and collaboration, especially at the country level. The

intergovernmental work of the Commission on Population and Development should be reinforced, as should also the inter-agency coordination role of the United Nations Population Fund, in the field of population and reproductive health.

MOBILIZING RESOURCES

103. Governments, in cooperation with the United Nations Population Fund as appropriate, should seek to ensure full and regular monitoring of resource flows, paying particular attention to transparency and accountability for the costed population and reproductive health package included in the Programme of Action. Non-governmental organizations may provide the necessary information, as appropriate, in this regard.

104. Countries, especially developed countries, are urged to increase substantially their voluntary contribution to the United Nations Population Fund, as well as to other relevant United Nations programmes and specialized agencies, so that they will be in a better position to assist countries to implement further the goals and objectives of the Programme of Action, including reproductive health programmes.

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PERIODIC REPORT ON EVALUATION

Report of the Executive Director

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I. INTRODUCTION

1. This report has been prepared for the information of the Executive Board in response to Governing Council decisions 82/20 and 90/35A, which requested the Executive Director to make biennial reports on evaluation to the Council. In response to the discussion in the Executive Board at its annual session 1998 on the last such periodic report, this report provides information on the findings, lessons learned and the use of the results of various types of evaluations of UNFPA-supported programmes and on initiatives to improve monitoring and evaluation practices in UNFPA.

2. A total of 316 projects in 103 countries were evaluated during the period 1998-1999. On average, 46 per cent of all operationally completed projects were evaluated. In addition to formal evaluations, all components of UNFPA-funded country programmes are subject to internal reviews as part of the country programme mid-term review process. The findings of mid-term reviews conducted in 1999 are summarized in the report on "UNFPA Internal Audit and Oversight Activities" (document DP/FPA/2000/13) being presented to this session of the Executive Board. The new policies and procedures introduced in late 1997 required that all UNFPA-assisted country programmes be evaluated at the end of the programme cycle. Of the 29 country programmes that ended during the period 1998 and 1999, nine were evaluated, all of them in the Asia and Pacific region -- Islamic Republic of Iran, Pakistan, Philippines and the KATTUK countries (Kyrgyzstan, Azerbaijan, Tajikistan, Turkmenistan, Uzbekistan and Kazakhstan). UNFPA is currently analysing the root causes of the relatively low compliance rate of country programmes evaluations and will recommend measures to address them. Unlike country programmes, end-of-cycle evaluations of intercountry programmes are not required. Nevertheless, a fair number of intercountry projects were assessed, and these are discussed in section IV of this report.

3. It should be stressed that the evaluations covered in this report assessed projects and programmes that started in the mid-1990s (around 1993/1994) and therefore were characterized by a pre-ICPD approach to population programming. This is reflected in the analysis of findings and the lessons learned that are detailed below. Results of these project and programme evaluations have been essential in adjusting ongoing country programmes to the post-ICPD programme focus. As UNFPA further develops and implements its multi-year funding framework, the findings and lessons learned from project and programme evaluations will become an integral part of the results-based management approach. The Fund's evaluations also provide important information to improve the quality of Country Population Assessments (CPAs); to aid in the design of new country programmes, subprogrammes and projects and intercountry programmes; and to identify new areas for UNFPA support. Findings are widely shared with donors and with regional and national partners. The following sections highlight the

findings, lessons learned and programme applications of evaluation activities at country, intercountry and thematic levels.

II. COUNTRY-LEVEL EVALUATIONS

4. Country-level evaluations are organized and managed by UNFPA country offices and are undertaken by independent consultants, mostly nationals. The UNFPA Country Technical Services Teams (CSTs) are also called to undertake major evaluations, particularly country programme evaluations.

Population and development strategies

5. Evaluations of activities in the area of population and development strategies in Africa found that UNFPA had successfully supported the formulation and adoption of population policies in a number of countries. One strategy that has proven to be particularly efficacious has been to forge links with religious groups. In Niger, for example, collaboration with traditional religious leaders, was found to be effective in changing the attitudes of the population in general and decision makers in particular regarding population and development issues. In the case of Niger, such collaboration prepared the ground for implementation of the national population policy throughout the country.

6. The organizational structures established to promote implementation of population policies in several African countries (Population Policy Units) have played a key role in raising awareness about population issues and in the development of human resource capacity to analyse population and development interrelations. However, government commitment to provide the Population Policy Units with sufficient authority, visibility and staff to undertake the work of promoting policy implementation and coordination seemed to be limited in many countries. A fundamental problem is that the Population Policy Units are often not given enough visibility to coordinate government development policy.

7. In the area of population data collection, an evaluation in Madagascar highlighted the need to encompass all steps of data collection exercises in project design, from collection through data processing, analysis and dissemination. The importance of presenting results in user-friendly publications was emphasized for this and other countries.

8. Evaluations found that in some countries UNFPA is effectively adjusting to the prevailing trend of decentralizing policy and programme implementation to lower levels of the administrative and political systems. For instance, in Brazil, three UNFPA-supported projects contributed to the integration of demographic variables into socio-economic development planning at the state and municipal levels and assisted in establishing appropriate methodologies

for population estimates and projections as well as for continuously updating them. In the Philippines, a wealth of data and research-based information, useful for planning and policy, has been generated. For example, population projections, based on the results of the 1995 census, were completed at the national and regional levels while projections for the provincial and municipal levels are being finalized. Demographic and socio-economic profiles of some of the 20 priority provinces have been completed and others are being finalized. These constitute extremely valuable databases for government planning at the national, regional and local levels.

9. Evaluations, particularly in Africa, emphasized the need to establish provincial-level indicators and data systems to monitor decentralized population programmes. The Philippines is a good example of the type of constraints that are likely to arise in a highly decentralized environment. These include the variety of population issues affecting different local government units; variations in planning capacity, skills and interest; lack of local databases; and the lack of institutions at the local government unit level that are responsible for building capacity in integrating population into development planning.

Reproductive health

10. Reproductive health for young people. Evaluations reflected the increased emphasis of UNFPA-assisted programmes on adolescent reproductive health services and information. These were often provided through youth centres and peer counseling, such as in Botswana, Madagascar, Mauritius, Namibia, Nigeria, Senegal, Uganda and Zimbabwe, and through population education in and out of schools in, among others, Bolivia, Botswana, Guatemala, the Islamic Republic of Iran, Malawi, Mali, Namibia, Paraguay, Panama and Sri Lanka. Common achievements found in the evaluations were that awareness of reproductive health, sexuality, gender issues, family planning, sexually transmitted infections (STIs) and HIV/AIDS had increased; enthusiasm and expectations, among youth, parents and teachers to learn more had been raised; and discussion of culturally sensitive issues had been facilitated. Among young people, there had been noticeable changes towards more responsible behaviour in countries such as in Madagascar, or in knowledge and attitudes, such as in Guatemala, the Islamic Republic of Iran and Paraguay.

11. Evaluations of reproductive health projects for young people found that innovative, multidimensional strategies that included the involvement of youth associations and non-governmental organizations (NGOs) in project formulation and implementation and that promoted activities with opinion leaders, parents and relevant government ministries are essential for the sustainability and institutionalization of such activities. For instance, an evaluation of a project in Botswana to expand the innovative programme of "Peer Approach in Counseling to Teens" (PACT) found that because project activities were not decentralized to stakeholders, expansion of project activities and sustainability were compromised. Evaluation of the effectiveness of youth counseling centres in Senegal highlighted the need to collaborate with

the Ministry of Health in order to ensure the flow of essential drugs and contraceptives to youth centres. In Mauritius and Zimbabwe, it was found that youth centres should be open longer hours and should be located in places more easily accessible to youth. The need to include income-generating and skills training activities and to focus on out-of-school youth was also highlighted.

12. An evaluation of a population education project in Guatemala highlighted certain general lessons. Any project that addresses socially controversial themes (such as sex education, gender and human rights) must engage in a process of political dialogue, not only with the Government but with all sectors involved in social development, particularly decision makers at local levels.

13. Reproductive health services. Project evaluations indicate that UNFPA has continuously promoted the shift from an approach based on maternal and child health and family planning (MCH/FP) to one based on the concept of "reproductive health". Governments throughout the world are increasingly accepting the reproductive health paradigm. For instance, a UNFPA project in Guatemala prompted stronger government efforts at reaching a consensus on reproductive health and gender and promoting a technical discussion on reproductive health. However, as found by an assessment of the quality of reproductive health and family planning services in the KATTUK countries, in many places there is a need to increase government and other stakeholders' understanding of the reproductive health concept, particularly at decentralized levels.

14. Evaluations of UNFPA support to strengthen reproductive health service delivery and management found that the support had increased access to quality reproductive health services, improved contraceptive choice, and had promoted models for further replication. For example, four projects in Myanmar, with very limited project and government resources, resulted in a significant expansion of birth-spacing services. This is a major achievement given that practically no such public-sector services were available before 1991. The project also expanded the range of contraceptives available. An evaluation of training methodologies for transforming health services developed and tested in two provinces of South Africa with UNFPA support found that, because of their success, the methodologies are being used by the Government in other provinces as well.

15. Evaluation of a project that provided reproductive health services to Somali refugees in eastern Ethiopia found that it had led to an increased demand for reproductive health services, lower infant and maternal morbidity and mortality, and a remarkable decline in the practice of female genital mutilation (FGM) in the refugee camps. Contributing factors were the improvement of the quality of care provided by trained health workers, regular supervision, and community mobilization. A very active Project Coordination and Technical Committee contributed immensely to backstopping and monitoring project activities.

16. The evaluations of the KATTUK country programmes found a 32 per cent increase in the prevalence rates of pills and intra-uterine devices (IUDs) in Kazakhstan. A concurrent reduction in the abortion rate by 15 per cent over a five-year period was directly linked to the UNFPA-funded supply of contraceptives. Similar declines in the number of abortions in 1995 in Kyrgyzstan also appeared to be linked to the UNFPA-funded supply of contraceptives.

17. Project evaluations of the reproductive health subprogramme for the Pacific subregion highlighted a number of lessons learned. It was found that achievement of high contraceptive prevalence rates in certain countries was a result of the following factors: government support of reproductive health as a priority health programme; effective information, education and communication (IEC) and outreach services, including community-based distribution of contraceptives; active male involvement; minimal cultural, religious and medical barriers for the promotion of family planning; complementarity among government programmes and the activities of NGOs and the private sector; promotion of user-friendly services, particularly for youth and adolescents; appropriately trained staff and effective referral systems; and higher female education and literacy levels.

18. Evaluations in Equatorial Guinea and Madagascar highlighted the importance of adopting a multisectoral approach of combining reproductive health interventions with initiatives to eradicate poverty and to promote the status of women and community development in order to increase the use of reproductive health services and the contraceptive prevalence rate. The importance of linking IEC activities directly with the provision of reproductive health services was emphasized.

19. Evaluations of condom dispensers funded by UNFPA in Kenya found them very useful to the target communities -- if regularly refilled. Sensitization activities by project staff were key to improved attitudes towards and use of condoms by target groups (males, youth, and commercial sex workers and their clients). It was found that some target groups believed that the socially marketed "Trust" condoms were of better quality than the free condoms supplied by the Ministry of Health. The evaluation also found certain project management flaws in the Ministry of Health project that will be addressed in the future. These included poor record keeping and failure to follow the established procedures for distribution; irregular replenishment of dispensers; and minimal collaboration with other similar projects. The current stand-alone condom distribution project will be incorporated into integrated reproductive health projects to be implemented in eight districts and will be made part of the overall Ministry of Health commodities distribution system. Also, in the context of the health reform process, the Ministry of Health is considering charging a small fee for condoms to combat the notion that free condoms are of poor quality and to ensure continued supplies without depending entirely on donor funding.

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20. The importance of using NGOs and ensuring community and private sector involvement was highlighted in several evaluations. In the Philippines, several innovations introduced by Governments and NGOs seem especially promising. These include birthing centres, multisectoral inter-agency provincial councils and community-based services. The KATTUK evaluation found that since NGOs in Central Asia are a new phenomenon and many of them were created by governmental agencies in order to get additional funding, their sustainability is questionable. An evaluation of reproductive health services in Somalia found that the private sector was a major health service provider. However, private service providers lacked knowledge in the area of reproductive health; providing such training should therefore improve reproductive health service delivery.

21. Elements for successful capacity-building strategies were highlighted in a number of evaluations. The Client-Oriented, Provider-Efficient (COPE) service strategy that was used in a few reproductive health sites of a Madagascar NGO was found to be a good instrument that permitted constant improvement of services. Its use by other NGOs and the Government was therefore recommended. In Yemen, piloting of a decentralized strategy of training community medical workers in rural training centres and branches of the National Health Manpower Development Institutes proved to be easier, more relevant to the health workers and more cost-effective than centralized training. It was subsequently adopted by the Government as a national strategy. The project evaluation also found that training of health personnel needed to be based on the job-related training needs of various staff categories. It highlighted the importance of identifying selection criteria before nomination and of prioritizing the training of females from rural areas. The commitment of all trainees to return to their current jobs and of the Government to recruit trained staff and remunerate them adequately to keep them motivated to work in rural areas was emphasized. The KATTUK assessment found that trained service providers requested a greater variety of contraceptives. Arrangements to expand contraceptive choice need to be made in conjunction with training programmes; the two go hand in hand in improving quality of care.

22. Funding of reproductive health in emergency situations has been a small but growing component of both UNFPA's country and intercountry assistance. An external assessment undertaken in 1999 of UNFPA's field experience over one year with the Inter-Agency Reproductive Health Kits for Emergency Situations found that a proper analysis of the use of the kits was difficult due to a lack of consistent monitoring systems. Anecdotal information from the field, such as Guinea-Bissau, however, indicated that the kits were found to be very useful. The assessment found a need to improve logistics in order to expedite shipment to emergency situations and to adjust the contents of the kit to the specific needs of intended users.

23. An evaluation of reproductive health services for Somali refugees in Ethiopia found that some of the constraints faced in delivering services included the high turnover of health staff

because of the remoteness of the project site and the poor conditions of service offered by the implementing agency; ineffective referral services for emergency obstetrics care due to long distances, bad road conditions, and inadequate communication links; and scarcity of Somali-speaking health workers in the refugee area.

24. Evaluations found a number of constraints that would hinder the sustainability of UNFPA-supported programmes in the area of reproductive health. For example, due to structural adjustment policies and the consequent zero growth personnel policy in Ghana, the staffing level at the Family Health Unit of the Ministry of Health was found to be inadequate. Evaluations in Morocco, Pakistan and Zimbabwe highlighted the need to position reproductive health in the context of health sector reform; to integrate the UNFPA-supported health and family planning programme into the overall health care system; and to take into consideration the strengths and weaknesses of the national health information system as a whole.

25. Evaluations in Comoros, Madagascar and Togo found that training of service providers is a lost investment if it is not reinforced by adequate supervisory systems. Evaluations of UNFPA's support to reproductive health in Yemen and the Philippines found that the programme activities were spread too thin geographically. In Yemen, it was found that the centralized management of activities was not effective in a large country with poor communications. The evaluation recommended that the programme concentrate on densely populated areas and, its management be decentralized to governorate level; and that governorate representatives be more involved in planning and implementing health services.

Information, communication and advocacy

26. Evaluations found that UNFPA support to family life and reproductive health education for agricultural extension workers achieved tangible results and were effective means of reaching men with family planning messages. For example, in Madagascar, an effective institutional framework and autonomous social mobilization structures and local credit committees had been established in six provinces. Progress was constrained however by the lack of experience and mobility of staff of the implementing Ministry of Population; the limited number of family life education themes, which adversely affected the enthusiasm of volunteers; and competing demands on volunteers. An evaluation of a similar project in Malawi found that time constraints on extension workers limited the extent to which they could address technical aspects of family planning and population subjects and that there was a lack of collaboration with reproductive health service staff.

27. An evaluation of a project in Indonesia found that project activities had created high levels of knowledge, commitment and confidence among government officials in selected provinces and districts. The sense of ownership of project activities had led to allocation of local government resources to continue population and reproductive health and IEC activities. The

Philippines country programme evaluation highlighted that advocacy efforts in selected provinces of the country had generated cooperation and commitment from some local government units, which was translated into increased financial and staff support for health programmes in some areas. Women and gender advocacy that concentrated on violence against women had contributed to the passage of a national anti-rape law.

28. A reproductive health project evaluation in Nicaragua found that by advocacy activities and alliances with church leaders it was possible to overcome strong but variable opposition to reproductive health from different parts of the community. Such alliances will be capitalized upon in planning further UNFPA assistance for the formulation of a national plan for sexual and reproductive health.

29. Both country and thematic evaluations highlighted that while important progress has been made in terms of awareness creation on reproductive health and population issues, programmes must move beyond awareness creation to creating behavioural change. Methodologies must be developed to measure the impact of sensitization activities. The Philippines country programme evaluation found that IEC activities were not coordinated with reproductive health service provision and that adolescents and men were neglected audiences. These findings are being addressed in the new programme.

30. Project evaluations in Nicaragua and Ghana found that, due to low education levels and literacy rates, theatre, puppetry, video and film were effective media to attract the attention of audiences and increase their understanding of the messages communicated. In Ghana, activities to combine education with entertainment included the use of soccer gatherings to reach rural youth. On the other hand, the KATTUK assessment found that in view of the high level of literacy in the KATTUK countries, IEC materials must be more technically advanced.

31. An evaluation of IEC activities in Mali found that the impact of IEC activities depended on the involvement of target communities at the planning and implementation stages. Their participation in the production of learning materials with a social content and the use of traditional communication channels was particularly important.

Gender

32. The few evaluations that looked specifically at the gender dimension of UNFPA's programmes indicate that this area needs concerted attention. A number of fundamental constraints were mentioned; these pertained mainly to the need for a clearer operational definition of gender issues in population and development and weak national capacity for mainstreaming gender concerns. The evaluation of a project in Malawi highlighted that radio programmes had raised the awareness of most Malawians on gender issues in relation to

population and reproductive health. Counterpart institutions increasingly recognized the need to disaggregate their reporting system data by gender. However, while a framework for mainstreaming gender in population and reproductive health programmes had been produced, a comprehensive gender-responsive monitoring and evaluation system was still to be developed. In Madagascar the importance of availability of data on the reproductive health of men was highlighted, and it was proposed that a questionnaire for men be included in the next demographic and health survey.

Management issues

33. The various evaluations undertaken in 1998 and 1999 highlighted that UNFPA support for capacity-building activities had often created a critical mass of local expertise and human resources, particularly in such areas as population and development strategies and reproductive health. However, as noted in the Philippines country programme evaluation, there is limited hard evidence on the extent of the impact of capacity-building activities because the expected effects on knowledge, skills and behaviour often were not clearly defined and were difficult to measure.

34. High staff rotation, heavy government bureaucracy and sometimes weak government commitment, as evidenced by the lack of provision of government counterpart contributions, were found to constitute major obstacles to long-term sustainability of programmes. Evaluations found that there was a need to promote a number of important management dimensions. These included community and other stakeholder participation in programme design and management to increase the sense of ownership and promote the likelihood of sustainability of activities beyond the life of the programme. Decentralization of government bureaucracies and the realization that programmes that are closer to the people are more likely to be effective and sustainable in the long term constituted an increasing challenge for UNFPA. In many countries in Latin America, decentralization of programme management to local levels can be an effective way to defuse or limit political resistance to such sensitive issues as human sexuality. This was, among others, demonstrated by the State Committees set up to prevent early pregnancy in Venezuela.

35. In an effort to analyse the executing capacities of national agencies, UNFPA in Madagascar organized an assessment of ten institutions (seven governmental and three NGO) that had executed UNFPA projects in the past. The evaluation analysed the institutions' overall management, technical and financial management capacities at central level and in three regions. The evaluation found that the majority of both government and NGO institutions at central level had adequate capacities in project planning, management of personnel and equipment, overall project management, monitoring and evaluation, and training. On the other hand, most institutions required technical assistance in financial management and administration, strategic planning in reproductive health and IEC (particularly how to move from awareness to

behavioural change), and establishment of a management information system. These findings were taken into account in the selection of executing modalities for the new UNFPA-funded country programme.

III. INTERCOUNTRY PROGRAMME EVALUATIONS

36. In 1998 and 1999, UNFPA evaluated a number of interregional and regional programmes in preparation for defining intercountry programme activities for the new programming cycle. These recommendations were taken into consideration in designing the intercountry programme for 2000-2003, which was presented to the Executive Board at the first regular session 2000.

Regional programmes

37. In Latin America and the Caribbean, a desk evaluation of the regional programme found that support to regional activities generated several programming models and methodologies for adolescent reproductive health, quality of care and service delivery, the gender dimension of reproductive health services and education for sexual and reproductive health. A module on gender violence legislation was developed and is being used by congressional leaders to mobilize countries in the region against domestic violence. Such activities contributed to the approval of a new law on domestic violence in Venezuela. Additionally, innovative research on little-known issues (e.g., incest and sexual abuse) and the establishment of alliances among women's and other NGOs created a solid advocacy network in Chile and Nicaragua that has helped to increase public awareness.

38. In Africa, an independent evaluation of an IEC training programme in anglophone Africa found that a total of 762 teacher trainers, school inspectors, trainers of health workers and journalists had been trained through this programme. Courses included population IEC audience research; message and materials development and packaging; strategy development and programme management; and interpersonal communication and counseling skills. The courses enabled participants to successfully implement UNFPA-funded IEC projects.

39. However, the evaluation also indicated that the regional training programme did not necessarily address the broader population IEC needs of the region's institutions because of the limited availability of and weaknesses in population IEC strategy in most countries. There is a need to further develop strategic plans for building IEC capacity at subregional and national levels. The evaluation recommended careful selection of institutions of higher learning as they often have an academic rather than skills-training orientation. There must be a mutual understanding between the training programme and partner institutions on the purpose and nature of the partnership given the strengths and weaknesses of the particular institution.

40. An initiative to strengthen performance monitoring and evaluation systems for measuring the progress of reproductive health and family planning programmes resulted in the identification of input, cost, demand, quality output and impact indicators for seven countries in the Asia and Pacific region. Master trainers and other personnel were trained in data collection, processing and analysis. However, the evaluation found that there was some duplication of efforts in establishing reproductive health and family planning indicators among the United Nations agencies in the region.

41. Since 1992, UNFPA has provided regional funds to the Japanese Organization for International Cooperation in Family Planning, Inc. (JOICFP) to pilot methodologies for community-based reproductive health strategies in Bangladesh, Lao People's Democratic Republic, Nepal and the Philippines. An external evaluation found that notable progress has been achieved in meeting objectives and demonstrating successful applications of JOICFP's community-based approach to reproductive health that emphasizes quality of care. Good progress is also being made in consolidating and compiling the operational methodologies and model cases and in transferring technical know-how and management skills.

42. A major strength of the JOICFP community-centred model is that it adapts to the country context, is linked to national institutions, and taps into local networks and social groups to advance a low cost public health agenda. The approach was facilitated by the ongoing trend to decentralize health sector decision-making in the pilot countries. Key elements in achieving sustainability of programme activities include understanding by the community of the importance of sustainability and ownership. Also, sustainability measures need to be incorporated as a strategy from the beginning of the project.

43. The evaluation of JOICFP projects highlighted that further attention is needed to effectively utilize the community-based approach in the development and consolidation of government public health programmes. It also found that further efforts are needed to develop socioculturally appropriate approaches for male involvement in reproductive health and to tackle strongly rooted traditional beliefs that perpetuate harmful practices. Further emphasis should be placed on culturally appropriate IEC and advocacy to deepen the understanding of the concept of "reproductive health" and to generate local government and community resources. Additionally, it pointed out that JOICFP is now at a stage where it needs to pull together its concepts and operational methodologies, experiences and lessons learned, so that other interested parties may benefit from the successes achieved thus far.

44. In the Arab States and Europe region, an external evaluation of training activities implemented by the Arab Network for NGOs to strengthen the organizational and management capacities of NGOs in the Arab region highlighted the effectiveness of participatory training

methodologies. As a result of the training received, some participating NGOs had managed to attract funding for their programmes from various donors.

45. An external evaluation of the support to the Population Research Unit at the League of Arab States found that despite its comparative advantage as the only population research unit covering all member countries, its high credibility in the region and its access to multi-donor funding, the unit had not created sufficient national capacity to use population data in development policies and plans as expected. This was mainly due to staffing limitations and weaknesses in project design. In the early stages of programme implementation, key technical staff left the unit, reducing the overall staff size from nine to four members. This problem was compounded by weak technical support from the executing agency. Shortcomings were found in the selection of research topics, which did not address differing country needs; in dissemination of research products to high-level national decision makers; and in transfer of skills.

46. A final evaluation of UNFPA support to the Population Activities Unit of the United Nations Economic Commission for Europe found the assistance of great importance for research and policy decision-making in the area of migration, ageing, reproductive health and fertility regulation. As Europe is faced with intensified migratory flows, an ever-ageing population, and changes in traditional family structures, policy makers need solid data and research to inform population policies. UNFPA supported the establishment of databases and information sharing, research and publication activities, workshops and technical assistance, particularly to countries in transition. The evaluation found that the fertility and family data sets established in 23 countries through this support were extensively used both for policy relevant research and decision-making purposes.

Interregional programmes

47. Reproductive health. A desk review of interregional projects in the area of reproductive health found the performance of the Global Initiative on Contraceptive Requirements and Logistics Management Needs (now renamed the Global Initiative on Reproductive Health Commodity Management), supported by UNFPA since 1991, to be impressive. Through technical assistance provided by the headquarters and CST advisers, countries in all regions have benefited from in-depth studies and training workshops. The review recommended that the project's focus on contraceptive requirements should be broadened to include reproductive health commodities as a whole and that a broader array of reproductive health programme management issues should be addressed.

48. The review also recommended closure of a number of projects, such as support to development of guidelines on reproductive health technologies, which it recommended should become a core activity of the World Health Organization (WHO). The review highlighted that

The Population Council's contraceptive development programme will in the future contribute to increasing contraceptive options and prevent unwanted pregnancies through development of vaginal rings and contraceptive implant systems. The progress of product development should be closely monitored to ensure that the momentum is maintained.

49. Gender, population and development. Interregional projects in the field of gender, population and development, the majority of which relate to advocacy activities, were reviewed by an external consultant in 1998. The review emphasized that while UNFPA has taken important steps to raise consciousness of gender issues at all levels through advocacy and to define and integrate the gender dimension in UNFPA's programme process, projects should now move beyond meetings and strategy formulation to place more emphasis on definition of steps required for institutional reform to achieve gender equity and equality. In the area of gender equality, projects should also focus on men and address the social structures that exist due to male dominance.

50. Advocacy. Evaluations and user surveys of UNFPA's technical publications projects managed by the Technical and Policy Division found that the quality of the publications was uniformly high. It was recommended that to strengthen the range of publications UNFPA should undertake a publication review to identify information overload and gaps as well as "unmet needs" for information among target audiences. Full advantage should also be taken of new communication and information technologies.

51. Independent surveys and reviews of the programmes managed by the Information and External Relations Division found that UNFPA improved the flow of information to NGOs and helped them become more effective advocates for resource mobilization and for promoting the goals of the ICPD. The quality of information made available to the world media and the general public has improved year by year. Cooperation with private foundations has increased, resulting in new funding for specific ICPD initiatives.

52. The review highlighted that important worldwide changes will influence the future of UNFPA's advocacy programmes. The media are undergoing significant changes, with new forms of communication such as the Internet growing in importance. At the same time, the rising costs of printing and distribution of materials is forcing a reassessment of the form and content of publications. UNFPA must therefore take a long-term technological approach to communicating information. The form and content of contemporary media presentations have shortened the attention span of the viewing and reading public. It is important, therefore, to formulate simple and clear messages to better advocate for population issues, particularly in the industrialized world.

IV. THEMATIC EVALUATIONS

53. Thematic evaluations are organized by UNFPA headquarters and conducted by teams of independent international and national consultants. In order to assess follow-up to past thematic evaluations, information was collected from UNFPA country offices in countries where past thematic evaluations had been conducted as well as from appropriate headquarters divisions.

Follow-up of past thematic evaluation recommendations

54. Safe Motherhood. A thematic evaluation was conducted in 1997-1998 to assess the relevance, efficiency, effectiveness and impact of UNFPA-supported safe motherhood strategies. The analysis took place in the case study countries of Bangladesh, Guatemala, Morocco, Niger, Philippines, Senegal and the United Republic of Tanzania. Findings of the evaluation were incorporated in a UNFPA Programme Advisory Note on reducing maternal mortality and morbidity. It was found that the Governments involved in the evaluation had improved the management of safe motherhood activities and had placed added emphasis on providing emergency obstetrics care.

55. For example, in Senegal the Government established a national unit for reproductive health in order to integrate the different reproductive health components and better manage safe motherhood activities, established emergency obstetrics care teams at referral centres, and improved the technical skills of staff. In Niger, the referral system was strengthened by providing means of transportation and a supervision checklist to health staff. This included providing villages with ox-drawn carts for emergency transportation and providing integrated health centres with radio equipment and equipping certain surgical facilities at the health district level.

56. In Bangladesh, the Government improved on the already successful safe motherhood approach by expanding comprehensive emergency obstetrics care at district-level health centres and by improving training of doctors, anaesthetists, paramedics and nurses. A committee for emergency obstetrics care was established, a social mobilization strategy adopted, and materials on how to reduce maternal mortality and morbidity are being developed. The Government of Guatemala decided to concentrate project activities in geographical areas with high rates of maternal mortality and to integrate safe motherhood activities in the current strategy for expanding health coverage. This included use of maternal houses for high-risk women about to give birth. In Morocco, support was provided to implement the recommendation to establish mechanisms to enable managers of reproductive health programmes at the provincial level to develop their own programmes and plans of action. Nevertheless, the lack of integration between basic health services (health centres, delivery homes) and the higher level health

services (maternity hospitals) remains a serious constraint to lowering the prevalence of maternal mortality.

57. UNFPA support to HIV/AIDS–related interventions. A thematic evaluation on UNFPA support to HIV/AIDS-related interventions was conducted in 1997-1998 in the case study countries of Cote d'Ivoire, Dominican Republic, Indonesia, Kenya, Sudan, Thailand and Uganda. As a follow-up to the recommendations of this thematic evaluation, UNFPA has negotiated a substantial contribution from UNAIDS to fund three regional CST advisers in sexually transmitted diseases (STDs) and HIV/AIDS and three advisers in logistics management. In addition, the Swedish International Development Cooperation Agency (Sida) is providing funding for an adviser in STDs and HIV/AIDS. UNAIDS is also providing support for intercountry activities to document best practices and to develop programming tools and guidance notes in the areas of adolescent reproductive health, forecasting and supply methodologies for condoms, and integration of STDs and HIV/AIDS prevention and management into reproductive health programmes.

58. At country level, follow-up initiatives have focused on advocacy directed at decision makers, strategic planning, strengthened collaboration with UNAIDS and other partners, targeting of high risk groups such as young people, the management of STDs as a syndrome, and condom promotion. For example, in the Dominican Republic, UNFPA collaborated with UNAIDS and the Ministry for Women to organize workshops for all judges and public prosecutors in the country on the content and application of the AIDS law and the domestic violence law. A knowledge, attitudes and practices study was implemented in order to increase the knowledge of sexual risk behaviours among adolescents and to determine the factors that influence behavioural change. With UNFPA funding, adolescents participated in a weekly radio programme to talk about sexual and reproductive health issues, including the prevention of STDs and HIV/AIDS.

59. In Sudan, sensitization and advocacy strategies for political and religious leaders were developed. A strategic planning process was initiated in two states in order to increase the impact of HIV/AIDS prevention beyond the health sector. Health staff, community leaders and NGO representatives were trained and involved in situation analysis and formulating action plans. The national AIDS committee was reactivated, and AIDS committees in various states were established that incorporated sectors other than health. Thirty STD centres in 10 states have adopted the management of STDs as a syndrome. A drug revolving fund is planned to be established shortly to address the distribution system for STD drugs, rubber gloves and condoms. Major constraints to appropriate STD management are that condoms are still not culturally accepted and partner notification is not well implemented.

60. In Cote d'Ivoire, UNFPA increased its support to youth counseling centres that provide counseling on HIV/AIDS and reproductive health services. Condom sales points were

established at military barracks, and condoms were distributed during HIV/AIDS sensitization campaigns. In Uganda, the AIDS Commission developed a central database of HIV-related projects in the country. Increased attention is being paid to the needs of truck drivers, male workers at highway rest stops, youth and adolescents. IEC on sexually transmitted infections is provided to youth through a UNFPA-funded project. A counseling curriculum was introduced in medical schools. Social marketing of condoms through NGOs has been successfully continued, and contraceptive choice expanded through import of 2 million female condoms.

Decentralization

61. In 1999, the Fund conducted a multi-country study of the implications of increasing government decentralization on UNFPA programming. The purpose of the study was to illustrate current trends and share UNFPA's practical experiences in developing and implementing its programmes of assistance in a decentralized environment. An effort was made to examine issues that UNFPA country offices are now facing as a result of decentralized programming, recognizing that there is no single answer concerning how to decentralize the UNFPA programme and delivery structure.

62. The specific objectives of the study were to: (a) identify issues in UNFPA collaboration with governments at the subnational levels; and (b) make recommendations to improve UNFPA's response to the demands of decentralization while ensuring programme quality as well as accountability. The study focused on reproductive health programmes in those countries where UNFPA-funded programmes and projects were directly executed and/or implemented by subnational government units. Case studies assessed the relevance, rationale and impact of modalities deployed and identified the facilitating and constraining factors. The study comprised seven country cases – Bolivia, Ghana, India, Mexico, Nigeria, the Philippines and Viet Nam. In addition to the case studies, a questionnaire was sent to a number of countries that have had some experience with decentralization. Twenty countries responded, and their inputs were used to provide a broader base of knowledge on the impact of decentralization.

63. The study indicated that in response to the trend in government decentralization, the once simple formula of providing support to a central government agency has become far more complex as a myriad of organizational structures emerge. The study showed that decentralization can create several layers of bureaucracy in that the administrative arrangements at the central level may be replicated at every level. This inevitably delayed programme development and implementation, particularly when UNFPA country offices encountered obstacles in their efforts to negotiate directly with subnational entities. The study also cautioned that UNFPA support can become very diluted, possibly minimizing its impact. This makes it all the more imperative, therefore, that the Fund determine where to strategically focus its programmes and at what level.

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64. Generally, UNFPA country offices have endeavoured to ensure that their local partners have ownership of their programmes. As a result, UNFPA has had to devote significant efforts to ensuring community participation both in programme design and implementation. However, experience shows that the autonomy of the different levels can make programme formulation and implementation more difficult. One of the issues raised in nearly all the countries included in the case studies is the frequent turnover of government officials, particularly at different geographic levels. This has not only increased the requirements for advocacy, but has also made compliance with UNFPA procedures much more problematic. Although UNFPA guidelines are generally considered suitable, some country offices have found the need to develop simplified instruction manuals or guides on specific aspects of programme and project management and administration. In addition, country offices have frequently had to provide ad hoc training for local officials unfamiliar with UNFPA procedures. Country office experience has also demonstrated that decentralization generates a need for extensive data gathering at the local level. Most of the countries in the case studies reported problems with collecting such baseline data at the local level.

65. One of the most difficult issues that UNFPA country offices face under decentralization has been ensuring the smooth and efficient flow of funds to the subnational level where the programme is being implemented. In the majority of the countries studied, UNFPA has established mechanisms to facilitate the flow of funds directly to projects. This approach appears to provide better results but is somewhat hindered by the management capacity available at the subprogramme or project level. In addition, concerns regarding the financial accountability of partners at the subnational level have prompted country offices to invoke more intensive financial control measures in some countries. At the same time, the study pointed out that there are aspects of UNFPA procedural requirements that promote an administrative, control-oriented culture that are at odds with the spirit of decentralization and with emerging donor trends of performance-based management. Another challenge faced by country offices with decentralized programmes is the assurance of adequate technical backstopping. Also, country offices have had to adopt a number of modalities to track performance in an effort to make up for the great distances and poor information and communications systems available.

66. Decentralization has had implications for the workload placed on the country offices as well as a shift in their role and structure. Workload has increased at all stages of the programme cycle because of the increased number of counterparts and partners, often complicated by the uncertainties in the capacity at subnational levels. Additional workload also derives from the need to maintain a knowledge base of the evolving situation in the country. There is, moreover, a need to negotiate with multiple levels of government and to ensure that good relations are maintained with all concerned. Additional time and resources are required as the introduction of the new approach to UNFPA programming, which includes the use of programming instruments such as the logical framework (logframe) and the specification of expected results and the

required indicators. Country offices often provide technical support and additional financial and programme monitoring because they have found that lower levels of government lack the technical and managerial capacity to meet these requirements. Due to the workload and geographic difficulties in monitoring decentralized programmes, some country offices have opted for a "satellite structure", successfully using the National Professional Project Personnel mechanism to help monitor and provide technical support. In others, country offices have supported the creation of a programme management team or relied on government entities and local institutions with varying degrees of success.

67. The conclusions and lessons learned from the seven country case studies have been synthesized in a report. A set of recommendations from the study have been presented to senior management for its consideration. The outcome of this and the lessons learned will be disseminated widely in both print and electronic media.

Implementing the reproductive health vision

68. UNFPA conducted a review in 1998 to assess progress to date in implementing the reproductive health approach of the 1994 International Conference on Population and Development (ICPD) Programme of Action and to propose modalities for improving the effectiveness, efficiency and the strategic direction of UNFPA's support of reproductive health programmes. The review is based on a sample of six countries: Burkina Faso, Mexico, Morocco, Nepal, Philippines and Uganda, which represent a range of levels of development and experiences. Six principal areas were studied: the policy and legal environment; the organization and management of reproductive health activities; access to and quality of reproductive health services; information, education, and communication (IEC) activities; the integration of sociocultural and gender perspectives in all elements of reproductive health; and UNFPA's contribution to implementing the reproductive health approach. Data was collected in-country by teams composed of three international and one national consultant on the basis of a conceptual framework developed by UNFPA's Office of Oversight and Evaluation.

69. Many of the issues identified in the project evaluation and country programme evaluations as detailed above were also highlighted by this thematic review. In addition, the review emphasized a number of strategic opportunities for improving UNFPA support to reproductive health activities. In general, it recommended that the organization support more focused interventions, pay more attention to implementation issues and provide more relevant and timely technical assistance. To bring this about, it was recommended that UNFPA:

(a) Help countries develop their own basic reproductive health package of services and the strategies and plans for implementing it. The package should be based on local priorities, cost-effectiveness assessments and a realistic appraisal of financial and managerial capacity;

(b) Be more pro-active and, where feasible, assume leadership among donors for coordination of reproductive health investments;

(c) Work with Governments to include communities, NGOs and the private and traditional sectors in implementing reproductive health programmes;

(d) Consolidate country programmes since UNFPA's funding is presently spread too thinly, both geographically and thematically. Consolidation options include efforts to develop, identify and promote replicable models; focus on increasing access to reproductive health services for high-risk populations; and concentrate on improving reproductive health management systems;

(e) Include efficiency, replicability and sustainability among the operational criteria for funding reproductive health activities. Appropriate indicators need to be included in programme design to monitor these aspects;

(f) Enhance its technical assistance capability. This need will continue to increase as the broad range of reproductive health services is established and as local authorities try to prepare themselves to provide these services. The findings of this review were circulated widely, including, among others, through summaries of highlights in the publication "Evaluation Findings", which is available on the UNFPA Website.

V. MANAGEMENT OF EVALUATION ACTIVITIES

70. Collaboration with UNDP. In the context of strengthened interagency collaboration on evaluation, UNFPA contributed substantively to the work of the newly established UNDP Evaluation Network. A staff member from UNFPA's Office of Oversight and Evaluation joined the network in early 1999 and led a mission to Guyana to evaluate a UNDP-funded project. The report was well received by the local UNDP office and will be useful for programming UNDP's future support to the United Nations Volunteers Programme (UNV) in Guyana. The UNFPA staff member also produced a summary of lessons learned about organizing evaluation missions, which was shared with UNDP. These lessons will also be disseminated within UNFPA to help guide future evaluation activities. Overall, this collaborative experience has been of benefit to both organizations.

71. UNFPA Evaluation Network. In 1999 UNFPA established an "Evaluation Network" consisting of headquarters evaluation officers and one evaluation focal point from each of the eight CSTs. The overall goal of this network is to contribute to the strengthening of the quality and impact of UNFPA's work through an improved "monitoring and evaluation" culture.

Specifically, the role of the evaluation focal points is to: (a) serve as resource persons in promoting better use of monitoring and evaluation instruments; (b) help identify needs and propose means to strengthen the quality of programme and project evaluations; and (c) promote the exchange of information and experiences on evaluation methodologies and lessons learned among countries and regions.

72. To initiate its work, the network met for a one-day workshop at UNFPA headquarters in November 1999. The workshop reviewed the findings of several recent studies and exercises (including a desk review of the application of the logframe approach, the multi-year funding framework feasibility studies, thematic evaluations, policy application reviews and audits), all of which point to the need to strengthen certain aspects of UNFPA's current monitoring and evaluation practices. Based on this review, ways of improving these practices were discussed, and agreement was reached on a workplan for the Evaluation Network for the period 2000-2001. The first task of the network workplan will be to strengthen the capacity of its members to serve as technical resources in promoting better use of the logframe approach and in facilitating its use as a monitoring and evaluation tool in the field. The network will hold an internal workshop in April 2000. The roles, functions and effectiveness of the Evaluation Network will be examined in two years.

73. Review of guidelines. The Fund has initiated a review of the current programme guidelines to identify areas where monitoring and evaluation issues need to be highlighted, particularly with a results-based focus, and where supplementary materials and tools could facilitate programme monitoring and evaluation. Based on the outcome of this review, the evaluation network would then collaborate in preparing practical aids and guides to be included in a "tool kit" to strengthen monitoring and evaluation practices. These would in due course be tested by intended users. Possible topics include: stakeholder participation, identification and selection of appropriate output indicators, development of monitoring checklists in different thematic areas, and examples of good practices.

74. Future plans. During 1999, access was provided to the findings of thematic evaluations on the UNFPA web site on the Internet. The format was made more attractive, and it is now possible to access not only the full reports but also abstracts by topic. It is also intended to exploit more fully the use of the UNFPA intranet to disseminate the findings of evaluations as well as syntheses of such findings and the analysis of mid-term reviews and other programme reviews. Particular attention will be paid to optimize the use of electronic media as a tool for knowledge management and learning from evaluation exercises.

75. Apart from the development of a tool kit that entails the continuous identification, preparation and dissemination of aids and guides to strengthen monitoring and evaluation practices, UNFPA will also implement a number of training activities focused on monitoring and

evaluation. The staff of the Office of Oversight and Evaluation, in collaboration with the CST evaluation network members and the Training Branch will conduct training workshops with a specific focus on results-based management, monitoring and evaluation, and management skills. It is planned to hold two such workshops in 2000 for UNFPA country office programme staff in Africa and Asia and the Pacific. More such workshops will be held in 2001

VI. RECOMMENDATION

76. The Executive Board may wish to take note of the periodic report on UNFPA's evaluation as contained in document DP/FPA/2000/10.

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UNFPA COUNTRY-PROGRAMMING APPROVAL PROCESS

Report of the Executive Director

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I. INTRODUCTION

1. This report is submitted to the Executive Board in response to decision 97/12 which, inter alia, requested that the operation of arrangements set forth in the decision be reviewed and a report be presented to the Executive Board at its annual session 2000.

2. Decision 97/12 requested that in its programming process UNFPA take into account the following, bearing in mind the need to limit the administrative burden:

(a) That during the Programme Review and Strategy Development (PRSD) process, UNFPA will offer briefings at the field level for interested parties on the emerging findings;

(b) That UNFPA will make available the summary of the PRSD process (the country recommendations), which will show: (i) proposed strategic actions and their rationale; (ii) the comparative advantage of UNFPA and its complementarity vis-à-vis other actors; and (iii) possible thematic areas, drawing throughout also on lessons learned from other programmes;

(c) That the country recommendation will be made available by the secretariat to all members of UNFPA, upon request, who may offer views on the recommendations, within six weeks of transmission, which the secretariat will take into account in further developing the programme; UNFPA will inform the Executive Board of this process; these views will also be made available to all members of UNFPA, upon request; UNFPA may, if needed, arrange a discussion at headquarters with the participation of the programme country.

3. The decision sought to streamline the Fund's programming process, while putting in place a mechanism that would allow all members of UNFPA (hereinafter referred to as member countries) to participate more effectively and at an earlier stage in the design of UNFPA country programmes. In the decision, the Executive Board decided that country programmes would be considered for approval by the Board without discussion unless one was requested by more than one member, in writing, in principle two weeks before the session. Decision 97/12 also requested that country programmes presented to the Executive Board contain clear statements of purposes, deliverables (for each subprogramme area), financial parameters and the indicators by which UNFPA will measure programme performance, effectiveness and impact. Further, it recommended that the efforts of working towards harmonized arrangements for country programme processes in the United Nations system should, when possible, be coordinated with other funds and programmes.

4. The present report provides an overview of the Fund's current programming process in section II; section III delineates lessons learned; section IV outlines the progress made in relation

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to harmonization goals as called for in decision 97/12; section V presents conclusions; and section VI contains a recommendation.

5. In preparing this report, UNPFA analysed inputs from various sources. In December 1999, UNFPA undertook a survey to review the application of specific aspects of its new programme guidelines, including the arrangements for developing and approving country programmes in-house, and for involving member countries in this process. The survey involved all those country offices that had developed new country programmes since the adoption of decision 97/12 in May 1997. Of the 43 concerned country offices, 38 responded. The information provided served as a key input to the present report. It should be noted that the survey results indicated that several country offices had initiated the preparatory programming process prior to the issuance of the new programming guidelines in November 1999.

6. Since the issuance of the programme guidelines in 1997, UNFPA headquarters has invited comments from the users of the guidelines in an effort to improve the quality of these programming tools. These comments constituted another input to the present report. Furthermore, operational concerns, inter alia, have been discussed in subregional meetings and other fora, and a mechanism has been put into place in UNFPA to receive and systematically review comments from various units of the Fund, both at headquarters and in the field, on areas that may require further consideration in improving the policies and procedures of UNFPA programming. In addition, the Policy Application Reviews (PARs) undertaken by the Fund's Office of Oversight and Evaluation (OOE) as well as the country feasibility studies undertaken by the Office for Results-based Management (ORM) as part of a wider effort to identify the institutional needs of the Fund in the context of implementing a results-based approach and the multi-year funding framework (MYFF), have provided invaluable inputs into this ongoing process. Inputs were also derived from the Fund's desk review, in 1999, of the application of the logical framework (logframe) approach in the programme process.

II. PROGRAMMING PROCESS

7. UNFPA introduced its new programming guidelines in 1997 as part of an initiative to review and revise all of its policies, procedures and guidelines in response to the need to: (a) reflect the programmatic changes resulting from the implementation of the Programme of Action of the International Conference on Population and Development (ICPD); and (b) develop basic tools to effectively decentralize programming responsibilities to the field. UNFPA was confronted with the challenge of developing new guidelines that would allow a certain measure of flexibility in different country situations, while ensuring programme oversight and accountability. The guidelines needed to be brief, concise and user-friendly tools that would help operationalize programmes effectively and respond to the United Nations system-wide reform initiatives, including the Common Country Assessment (CCA) and the United Nations Development Assistance Framework (UNDAF).

8. The PRSD exercise was thus recast as the Country Population Assessment (CPA), retaining the same objectives as the PRSD but incorporating certain conceptual and procedural changes. The CPA consists of an in-depth analysis of the country situation in the areas of population, reproductive health and gender and recommends strategic actions for addressing critical needs in these areas. It establishes the framework for the development of the UNFPA-assisted country programme. Where the CCA and UNDAF exercises adequately cover UNFPA core programme areas and provide a sound basis for developing the UNFPA-assisted programme, the CPA need not be extensive or undertaken at all, depending on the individual circumstances.

9. The CPA is designed to be a much more nationally owned process than its predecessor, the PRSD, with the preparatory activities commencing shortly after the mid-term review (MTR) of the country programme, leading up to the establishment of a CPA national working group approximately 24 months prior to the end of the ongoing country programme. The CPA national working group is normally chaired by the government and involves the participation of key stakeholders, including civil society, United Nations partners, and representatives of member countries of the Fund. Over the course of the exercise, external inputs are sought from various sources at appropriate intervals to review the work programme of the working group. This includes inputs from the Fund's Country Technical Services Teams (CSTs) and relevant units of UNFPA headquarters. Moreover, the UNFPA Representative in-country convenes periodic meetings between the CPA working group and United Nations system partners, the donor community and other member countries of the Fund to apprise them of the status of the CPA. At the end of the exercise, an independent external review is undertaken of the draft CPA report. This review, however, need not necessarily involve an external mission. The CPA national working group, along with the UNFPA Representative, then holds briefings with key stakeholders on the main findings and recommendations of the CPA.

10. In line with decision 97/12, UNFPA regularly informs member countries of the CPAs planned for the year and, upon request, makes available to member countries of the Fund the draft CPA recommendations for external assistance.

11. The country programme development process focuses on the priorities identified in the CCA, UNDAF and CPA and on the Fund's role in addressing those priorities in relation to its United Nations partners and the donor community, based on the concept of comparative advantage. In setting the priorities for the UNFPA-assisted programme, the UNFPA Representative, in collaboration with the Government of the programme country, consults with a variety of stakeholders, taking into account any inputs received, including from member countries of the Fund, the CST and UNFPA headquarters.

12. In preparing the country programme proposal, the lessons learned from past UNFPA-supported programmes are carefully taken into account. The country programme is designed on the basis of a logframe that identifies the planned results that the programme will achieve or contribute to, and the indicators that will measure progress towards these results, while at the same time identifying the assumptions and risks in the programming context, drawn from lessons learned in the previous programme cycle. Prior to submitting the draft proposal to UNFPA headquarters for consideration, the proposal is reviewed in-country by an inter-agency group, chaired by the United Nations resident coordinator, to ensure consistency with the UNDAF. The UNFPA Representative normally presents the country programme, along with the logframe matrix, to the Programme Review Committee (PRC) at UNFPA headquarters approximately five months prior to submission to the Executive Board.

13. Following approval of the country programme by the Executive Board, the UNFPA Representative further develops the subprogrammes and related component projects, taking into account the recommendations provided by the Board. The consultation process continues at the country level with the review of all subprogrammes by a Local Appraisal Committee, which is an advisory body at the country level composed of the government and other key stakeholders.

14. The final subprogrammes and related component project documents are therefore the products of an extensive process of consultation and consensus building, intended to promote national ownership of the programme as well as to ensure the involvement of all stakeholders in the design of the programme, while mobilizing support and securing commitments for its implementation.

15. The format of the country programme proposal to the Executive Board has evolved over the years in response to the guidance provided by the Board. The current format is considerably shorter than in the past and covers the main aspects of the CPA, an analysis of the current programme including the lessons learned, and the proposal for the new country programme. The proposal provides an outline of the overall goals and purposes of the programme, as well as the outputs expected at the end of the programme cycle and their indicators, with information on the subprogrammes, the strategic approaches adopted, the institutional arrangements for implementing the programme, financial parameters, the principal risks and assumptions, and the monitoring and evaluation plans.

III. LESSONS LEARNED

16. The feedback and information gathered from various sources indicates that overall the programme guidelines have been well received. However, some country offices have underscored the need for flexibility in the application of the guidelines. They have also pointed out that the process of developing and approving programmes is somewhat lengthy and needs to be simplified. This is due in part to the emphasis on national ownership of the programming

process and its participatory nature, both of which are indispensable to effective programming but require considerable time and planning. Also, consideration must be given to building national capacities to assume leadership of the process and to orienting national counterparts on the new programming approaches and tools. In addition, various stakeholders need to be more closely involved at critical stages of the programming process.

17. National ownership and participation. The overall findings reveal that the shift from the PRSD to the CPA process has had positive outcomes. While the PRSD exercise consisted mainly of an external mission that worked in collaboration with the Government of the programme country for a duration of three to four weeks, the CPA exercise, with the establishment of the national working group, strengthens national ownership, helps build capacity and promotes cost efficiency. The early planning of the CPA exercise, during the MTR of the ongoing country programme, allows for timely improvements in the preparatory phase, such as in determining what information is needed for the assessment. Further, the CPA process provides greater opportunities for the participation of various stakeholders.

18. Some members of the Executive Board have observed that the CPA exercise has inadvertently reduced the opportunities for member countries to participate in the process. Whereas the PRSD exercise culminated in an external mission, composed of national and international experts, to which interested members of the Fund would be invited to participate in, the CPA exercise does not necessarily entail an external mission. Indeed, the survey found that 12 country offices decided not to organize an independent external review of the CPA report. Of the 26 country offices that did organize an external review, only 3 reported that the external review involved an external mission. A few Executive Board members have participated in external missions. The remaining country offices opted for a desk review involving CSTs and/or UNFPA headquarters. In a significant number of cases, however, external inputs were received during the course of the CPA exercise; 28 country offices held in-country discussions in a wider forum, of which 22 reported the participation of member countries; and 19 received inputs prior to the finalization of the CPA report.

19. All 38 country offices that responded to the survey on the programming process had officially notified national counterparts and United Nations system partners of the CPA plans, and 24 of those country offices had informed local representatives of member countries, including the donor community. Thirty-two country offices reported having established a CPA national working group, which in most cases consisted of government representatives and national experts; 17 country offices reported the participation of United Nations partners in the CPA, and 9 reported the participation of member countries, mostly donor countries.

20. The survey also found that NGO participation was relatively high, with 30 country offices reporting having received inputs from NGOs during the process. By contrast, the

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involvement of Bretton Woods institutions was low, with only 5 country offices reporting such involvement.

21. The country programme development process has evolved since the issuance of the new programme guidelines in 1997. National ownership of the programme development process is stronger in part due to the CPA process. Similarly, the level and extent of participation of various stakeholders appears to be linked to the momentum created during the CPA exercise. For example, the programme development phase tends to involve fewer partners; however, as programme priorities for the UNFPA country programme emerge, so do the main stakeholders. The key players in the development of the country programme are typically the government counterparts, the UNFPA country office and the CSTs. UNFPA headquarters tends to get involved at a later stage, prior to the submission of the country programme proposal to the PRC. However, the time required for consultation during the process is frequently underestimated, and greater attention needs to be placed on the planning and management of programming processes in the Fund.

22. Optimizing involvement. Compared to the PRSD, the CPA exercise provides many more opportunities for members of the Fund to participate in the process. What may not always be clear to interested member countries, however, is when and how they can get involved. Further, for those that do participate at the country level, it is not clear if, and how, the outcome of this involvement is shared with their respective representatives on the Executive Board.

23. UNFPA regularly informs member countries of its CPA plans as called for in decision 97/12. In response to the survey, 9 country offices reported sharing the CPA recommendations, on request, with interested member countries, and 6 of the 9 country offices received inputs in return. In addition, 28 country offices held in-country briefings on the main findings and recommendations of the CPA report. Moreover, UNFPA records at headquarters show that, in accordance with decision 97/12, at least five member countries formally requested the CPA recommendations of country programmes scheduled for consideration by the Executive Board at upcoming sessions. If more member countries made use of this option, it would secure and expand the involvement of the Executive Board at a critical stage of the programming process.

24. With regard to the involvement of United Nations system partners in the programme development process, coordination efforts have been somewhat ad hoc. According to the survey, 17 country offices reported that an inter-agency group reviewed the country programme proposal. Those country offices that did not organize such an in-country review noted their reasons for not doing so. For example, some noted that they shared the proposal with United Nations system partners but did not always receive their inputs. Others said that a joint review was not necessary as inputs were provided during the process; still others noted that a joint review would be more appropriate at a later stage, during the formulation of subprogrammes and related component projects.

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25. It was also found that bilateral donors tend to get involved at a later stage of programme development, when it is possible to identify specific programme areas that may receive bilateral support. Seven country offices reported the involvement of member countries, including potential donors in the development of the country programme.

26. Logframe approach. The quality of country programme proposals seems to have improved considerably since 1997. The issuance of guidelines for the development of country programmes, covering the process as well as the format and content of the proposals, has contributed to the improvement. Moreover, UNFPA provides regular feedback to all staff, both in the field and at headquarters, on the guidance provided by the Executive Board to improve the quality and content of country programme proposals, including, most recently (at the first regular session 2000), the need to provide information in each programme proposal on reproductive health commodities security. As a result of these efforts, greater attention is now being given to identifying the comparative advantage of the Fund; lessons learned are better reflected in the proposed programmes; the use of the logframe and subprogrammes has led to a more coherent programme approach; and the programme focus and strategic interventions have been sharpened, based on parameters that tend to be more realistic in relation to the deliverables and capacities to implement. Moreover, there is a closer link between the scope of programme activities and the Fund's resource allocation system as well as the availability of supplementary resources.

27. In its review of the application of the logframe approach in the programming process in a small sample of countries, UNFPA found that, where used properly, the logframe substantially improved the quality of programme design. In these cases, the new country programmes clearly identified programme priorities and deliverables, delineated a coherent package of strategic interventions, and placed emphasis on monitoring and reporting requirements. However, the logframe approach had not always been applied to best advantage, either conceptually or institutionally. For example, the review found that at the initial stage many UNFPA users did not fully appreciate the potential of the logframe as a basic tool for designing, monitoring and managing programmes. UNFPA may have underestimated the resources required to effectively integrate the logframe approach into programming operations. The quality of training, delivered through a cascade approach, was at times uneven, and the logframe guidelines were not always sufficiently user-friendly. As a result, several country offices did not properly use the logframe for designing country programmes. UNFPA has been addressing these shortcomings, and the application of the logframe approach has improved over time.

28. Conceptually, it was found that the logframe terminology was not always well understood, particularly with reference to defining the goals and purposes of the country programme. Neither was the cause-and-effect relationship between the hierarchy of aims always clearly understood by all. The selection of indicators was at times inappropriate in relation to the

programme's aim; indicators were not always quantified; and inadequate consideration was given to the availability of data. Further, the programme environment, in terms of identifying the risks and assumptions, did not receive sufficient attention. The review also found that the logframe matrix, once prepared, was not systematically updated and used for monitoring purposes. These findings were consistent with the country feasibility studies undertaken by UNFPA in connection with the development of the MYFF.

29. Quality improvement. In response to these findings, UNFPA will increase training activities and develop improved and interactive training modules. The Fund will work towards enhancing technical and operational capacities of UNFPA staff and national counterparts. UNFPA will also revise the guidelines, where necessary, to help clarify conceptual issues. Further, better guidance will be provided on the selection of indicators and data collection methodologies, and greater support will be given for the establishment of baseline data as part of the country programme for monitoring and measuring progress of programme outputs. These efforts will be part of the Fund's thrust towards results-based management, given that the logframe is one of the principal tools for implementing the MYFF. Country offices have therefore been encouraged to review their logframes and to use the matrix as a dynamic tool for measuring progress and managing performance in the implementation of country programmes. The Fund is currently reviewing its programme guidelines to consider how it can better integrate and operationalize the results-based approach to programme planning and management and to monitoring and evaluation, so as to align existing tools and systems towards results and the implementation of the MYFF.

30. Further, to promote the systematic participation of key stakeholders, including member countries, in the programming process, UNFPA will post its programme preparation plans on its web site. Currently, these plans are prepared to serve the internal programme planning and management needs of the Fund. The plans provide information on the tentative scheduling (timing and duration) of major programming exercises of each programme country, covering the CCA and UNDAF, the CPA (if needed), and the session the country programme will be submitted to the Executive Board. In addition, in preparing country programme proposals, UNFPA will organize, in collaboration with the government, an in-country strategy meeting involving all interested parties, including member countries, in order to provide an opportunity for meaningful inputs into the design and strategic options of the country programme. The scheduling of the in-country review meetings will henceforth be reflected in the programme preparation plans of the Fund.

IV. PROGRESS ON HARMONIZATION GOALS

31. Decision 97/12 recommended that efforts of working towards harmonized arrangements for country programme processes should be coordinated and harmonized with other funds and programmes. UNFPA has been an active member of the United Nations Development Group

(UNDG) and its Executive Committee in promoting harmonization goals. With the issuance of the CCA and UNDAF Guidelines and the UNDAF Roll-out Plan (i.e., the countries planning to initiate the UNDAF process) in April 1999, UNFPA made a concerted effort to integrate the UNDG strategy planning tools into its programming process -- a possibility that had been foreseen in the Fund's guidelines. The Fund instructed its country offices to replace the CPA exercise with the CCA and UNDAF, provided that the CCA and UNDAF documents adequately cover the Fund's core programme areas and are capable of providing a sound basis for the development of the UNFPA-assisted country programme. It also organized an orientation workshop for headquarters staff and sent selected CST specialists for training at the United Nations Staff College, in Turin, Italy, so that they could assist the United Nations country teams as facilitators in the CCA and UNDAF exercises as well as act as focal points for UNFPA.

32. UNFPA further instructed its country offices to review, with the United Nations country team, plans for the harmonization of programme cycles. To date, the UNDG has achieved harmonization for almost all countries that qualify for harmonization. Progress has been made in other areas as well, including the organization of joint sessions of the Executive Boards of UNICEF, WFP and UNDP/UNFPA; the issuance of a guidance note by the UNDG on common definitions for programming processes and products; the reaching of an agreement on joint mid-term reviews; the harmonization of the biennial support budget presentation of UNFPA, UNDP and UNICEF; advances in the area of common services and premises; the strengthening of theme groups and other country team mechanisms; and the undertaking of a number of initiatives in the area of the resident coordinator system.

33. Currently, the UNDG Ad hoc Group on Harmonization and Simplification is developing harmonized procedures for joint MTRs, under the leadership of UNFPA. This is a priority area for the UNDG and represents a significant advancement in the development of tools for joint programming exercises as well as for accelerating monitoring capacities at the country level. As UNDG partners shift towards the results-based management approach, close collaboration is essential in the context of identifying common results to be achieved and appropriate indicators to measure these achievements. Access to and availability of reliable data is a main concern of all development partners, and UNFPA will continue to place emphasis on the need to build national capacities for establishing and maintaining sustainable data systems. The Fund will also focus on sector-wide approaches in line with Executive Board decision 2000/8.

34. The harmonization of the arrangements for approving country programmes by the respective Executive Boards of partner funds and programmes is a relatively involved exercise and will require a review of the role and functioning of each Board, along with the established arrangements for approving country programmes. Each partner organization has its own unique process, which has evolved in response to the requirements of its Board on the one hand, and the mandate, substantive needs, institutional structure, internal mechanisms and resources of the concerned organization, on the other.

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35. Under the current arrangements for UNDP, the country cooperation framework (CCF) is prepared in the field by UNDP, in collaboration with the Government, with the participation of key stakeholders. The CCF is reviewed by a local Programme Advisory Committee (PAC), which is jointly chaired by the Government and UNDP and attended by United Nations partners and other stakeholders. Local representatives of the Executive Board member countries are invited to attend the PAC meeting to minimize the need for detailed review of the CCF by the Executive Board. The advice of the PAC is taken into account in finalizing the document. The CCF is then reviewed in headquarters and subsequently submitted to the Executive Board for approval. At the Executive Board, the CCF is approved as submitted without presentation or discussion, unless at least five Board members have informed the Secretariat in writing before the meeting of their wish to bring a particular CCF before the Executive Board.

36. UNICEF has a two-stage approval process. UNICEF, in collaboration with the Government, holds a strategy meeting in-country, involving key stakeholders including local representatives of the Executive Board member countries. A Country Note is then prepared in the field and reviewed by the UNICEF Regional Office. It is presented to the Executive Board for comments approximately one year prior to the commencement of the new programme, and is further developed, taking into account the comments of the Executive Board. The Country Programme Recommendation (CPR) is then submitted to the Board for approval on a no-objection basis, unless discussion is requested by one or more members.

37. UNFPA did not examine the arrangements of the World Food Programme (WFP), since the WFP Executive Board is currently in the process of reviewing its governance mechanisms, including the role, responsibilities and working methods of the Board. The review is an initiative of the Executive Board of WFP, with the establishment of a working group in March 1999 to develop ideas and recommendations for strengthening the governance of WFP. UNFPA reviewed the work in progress and found some very pertinent observations that may warrant the attention of the other governing bodies of the UNDG partner agencies.

V. CONCLUSIONS

38. In reviewing its programming process, UNFPA found many positive features as well as some areas that could be improved. For example, the current process provides Executive Board member countries with several opportunities to be involved at an early stage, particularly at the country level. These opportunities, however, have not been fully utilized. UNFPA regularly informs member countries of its planned CPAs. But only a relatively small number of member countries provided inputs in response to these notifications, although representatives of member countries in-country were more likely to do so than were those from capitals.

39. There are several reasons for this relatively low response rate. For one thing, it is not always clear to representatives of interested member countries, especially those in capitals, when and how to get involved in the UNFPA process, particularly following the shift in UNFPA programming from a PRSD to a CPA approach. It is also not always clear if, and how, participants in various exercises share the outcome of their involvement with their representatives on the Executive Board. Furthermore, different stakeholders tend to get involved in the process at different stages -- fewer at the early stages of programme development, and more, including bilateral donors, at later stages when priorities emerge and specific programme areas can be identified for support.

40. The review of the current process suggests that the most significant improvement needed at both the country and headquarters level is to find ways to secure member-country involvement at key stages of the programming process, while at the same time ensuring national ownership of the process. In order to promote such national ownership, UNFPA Representatives will make every effort to ensure that CPA national working groups are established in all programme countries. They will also conduct in-country discussions and briefings on the CPA process and involve all interested parties in the in-country strategy meetings. This will give members of the Fund various opportunities to provide guidance on the design and strategic directions of the country programme prior to its review at UNFPA headquarters. It is expected that local representatives of Executive Board member countries will communicate their inputs and views to their respective capitals.

41. At the heaquarters level, UNFPA will make every effort to promote the involvement of key stakeholders at various stages in the development of the programmes. The Fund will post on the UNFPA web page the programme preparation plans of each programme country, including the tentative timing and duration of major programming exercises. This should facilitate the involvement of member-country representatives in-country as well as those in capitals. UNFPA will also impress upon its country offices the need to involve members of the Fund in CPA exercises. The Fund will continue to solicit comments from member countries on the recommendations of its CPAs, which will be taken into consideration in finalizing the country programme. In addition, the Fund will institutionalize informal briefings at headquarters for members of the Fund on the country programme proposal prior to its consideration in the Executive Board. This will promote dialogue on the priorities and strategies of the programme and help build consensus on key issues and areas. UNFPA will also make the independent external review of the draft CPA mandatory, although the modality for undertaking the review may vary from country to country.

42. It is expected that in future the inter-agency review process will be more systematic as the UNDG partners continue to streamline programming processes and tools as part of the implementation of the Secretary-General's reform initiatives, in particular with the introduction of the CCA and UNDAF processes. UNFPA will continue to work with its UNDG partners to

reduce the administrative burden of such processes on country offices and national counterparts. The Fund will also work with its partners to ensure that population, reproductive health and gender concerns are adequately addressed in the CCA and UNDAF exercises, with the aim of integrating the CPA and the CCA and UNDAF to the maximum extent possible. It is likely in the immediate future, however, that in most cases UNFPA will find it necessary to undertake a modified CPA exercise to supplement the information and provide the in-depth analysis of the population situation and recommendations for strategic actions needed to develop the UNFPA-assisted country programme. The Fund will, in particular, take special care to ensure that adequate attention is devoted in these exercises to the key actions for the further implementation of the ICPD Programme of Action that were agreed at the United Nations General Assembly Special Session on ICPD+5.

43. Finally, UNFPA plans to make optimal use of its MYFF to report on selected results at the goal and output levels of UNFPA-supported programmes. The MYFF provides a framework for setting priorities and strategic approaches of the Fund and for overseeing the management of programming operations. UNFPA proposes to report to the Executive Board annually on progress towards achieving results and on the status of financial implementation of the MYFF, covering all programmes approved by the Board. The MYFF thus provides an essential mechanism for the Board to fulfil its oversight role and for UNFPA to ensure accountability in the overall performance and management of the programmes it supports. It also has considerable potential for rationalizing the reporting requirements of the Fund, which have substantially increased over the last decade without necessarily promoting increased accountability.

44. With these considerations in mind, UNFPA proposes to maintain the current arrangements for approving country programmes as set forth in decision 97/12, with the improvements recommended in this document and summarized in this conclusion.

VI. RECOMMENDATION

45. The Executive Board may wish to take note of the report as contained in document DP/FPA/2000/11 and maintain the current arrangements for approving country programmes, with the improvements summarized in the conclusion of the report.

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ENSURING REPRODUCTIVE HEALTH IN ESPECIALLY DIFFICULT CIRCUMSTANCES: UNFPA PROGRAMME EXPERIENCE AND CHALLENGES

Report of the Executive Director

1. During the second regular session 1999 of the UNDP/UNFPA Executive Board, UNFPA presented a review of the Fund's activities in emergency situations and suggested that alternative programming and funding mechanisms were needed for such situations. Following its discussion, the Board requested the Executive Director to submit a report at a future session containing concrete proposals on UNFPA emergency programming procedures. This paper is submitted in response to Executive Board decision 99/16.

I. BACKGROUND

2. The report on "UNFPA Support for Reproductive Health in Emergency Situations" (document DP/FPA/1999/6) presented to the Executive Board at the second regular session 1999 reviewed in detail the importance of reproductive health and other interventions in crisis situations. It specifically cited the Programme of Action of the International Conference on Population and Development (ICPD), which affirms that marginalized populations, including refugees and internally displaced persons, have special needs for and rights to reproductive health services. The report reviewed the increasing demands on UNFPA for reproductive health support in such special situations, including crises resulting from natural disasters and armed conflict as well as during post-conflict rehabilitation. It noted the large number of UNFPA programme countries that had experienced natural disasters or political or economic crises.

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These crises had resulted in new national reproductive health priorities that had not been anticipated by existing country programmes.

3. Document DP/FPA/1999/6 put forth the premise that UNFPA's mandate is to provide support for reproductive health – including maternal care, family planning, treatment and management of sexually transmitted diseases (STDs), prevention of HIV/AIDs, and prevention and treatment of sexual violence – for those in need no matter what their situations. To provide only for those in settled communities and neglect those who had been displaced seemed to deny that mandate. It was noted that, partly due to UNFPA's advocacy efforts, there had been a rapidly growing recognition by the international community, national Governments, United Nations humanitarian agencies and non-governmental organizations (NGOs) that reproductive health constituted an essential component of the services that needed to be provided in crises.

4. However, because of lack of trained personnel, shortages of resources or unclear organizational responsibilities, reproductive health has often been neglected in emergency situations, with serious consequences. These consequences include unwanted pregnancies and preventable maternal and infant deaths and the spread of STDs, particularly HIV. Document DP/FPA/1999/6 reflected the need for UNFPA to develop mechanisms to respond rapidly and appropriately to emergency and crisis situations.

5. During the Executive Board's second regular session 1999, there was extensive discussion about the need for reproductive health in emergency situations as well as the appropriate role of UNFPA in such situations. There was strong consensus on the importance of reproductive health support for refugees and displaced persons as well as others affected by crisis. Many Board members expressed appreciation for UNFPA's leadership role in sensitizing the global community about the importance of reproductive health and encouraged the Fund to strengthen its advocacy with other United Nations agencies, NGOs and Governments as well as to work towards improving coordination and collaborative efforts with other United Nations agencies.

6. Members of the Board did express, however, varied opinions on the use of regular funds in special situations and on how emergency assistance should be implemented. Some delegations felt that there were conditions under which it would be appropriate to use regular resources while others felt that for activities not previously included in approved country programmes, UNFPA should seek extrabudgetary resources, preferably through participation in the United Nations Consolidated Appeals Processes (CAPs). Some delegations expressed concern that the use of core funds in such circumstances was in not in concurrence with a recommendation of the Economic and Social Council (ECOSOC) that development assistance funds should not be used for humanitarian purposes. Given the importance of the issues related to emergency assistance and the variety of views on the appropriate role of UNFPA in crisis

situations, the Executive Board requested the Executive Director to submit for its consideration a report containing concrete proposals on UNFPA emergency assistance.

7. Since the Executive Board's second regular session 1999, UNFPA has reviewed the experiences of the limited number of partner organizations that support reproductive health in difficult circumstances, has solicited the ideas and concerns of the Fund's field staff, and has carefully considered the issues raised by the Executive Board. Since UNFPA already plays an important role in support of reproductive health for extremely vulnerable populations, including in the areas of technical guidance, advocacy, capacity building and operational support, either directly or through other agencies, the major issue is how, given the limits of its human and financial resources, the Fund can provide guidance and timely support to populations in emergency situations and ensure that its initiatives are appropriate, accountable and cost-effective.

8. UNFPA's conceptualization of assistance in crisis and post-conflict situations strongly supports and reflects the conclusions of the ECOSOC session of July 1999 on Special Economic, Humanitarian and Disaster Relief Assistance, which stressed that the past conceptualization of relief (humanitarian assistance), rehabilitation, reconstruction and development as distinct and consecutive conditions, requiring different types of interventions, did not reflect the reality and could actually undermine effective responses. The Council underscored that, in fact, these conditions often overlap and occur simultaneously. It therefore recognized that "a comprehensive approach to both natural disasters and complex emergencies is needed", stressing the need for "early joint planning and prioritization, the central role of capacity building, the importance of a clearly agreed division of labour through interagency collaboration, as well as the need for more flexible financing systems for transitional programming" (para. 9 of document E/1999/L.25).

9. The ECOSOC discussions reflected the considerable effort invested by the United Nations and others in the international community in studying the "relief-development linkages," concluding that the creation of a distinction between relief and development could be counterproductive to effective response to these situations. Development cannot wait for full-fledged peace; on the other hand, relief must include development perspectives. In the agreed conclusions to the 1999 ECOSOC session (E/1999/L.25), the Council stressed that "development agencies must become involved early in a crisis" (para. 17). The Council also recognized "the importance of maintaining throughout the emergency, whenever possible, a certain degree of developmental functions, such as education and health care" (para. 17).

10. UNFPA considers that reproductive health interventions, such as safe motherhood, family planning and HIV prevention, cannot be considered as development in one context and humanitarian relief in another. Rather, all reproductive health support is development-oriented, whether it is provided for refugees, displaced persons or people safely settled in their

communities. Indeed, ensuring the reproductive health of refugees or disaster victims is an investment in future development. In addition, given that UNFPA is present in programme countries before, during and after conflicts and natural disasters, it would seem clear that the Fund should, within its resources and mandate, have the capacity to provide appropriate and timely support during all phases of such emergencies, as requested by the Governments of programme countries.

11. As awareness of the universal importance of reproductive health in all populations and in all circumstances has increased, international agencies and national Governments have specified a variety of initiatives that should be undertaken during emergency situations. In addition to UNFPA, the United Nations High Commissioner for Refugees (UNHCR), the World Health Organization (WHO) and the International Committee of the Red Cross (ICRC) as well as a number of international NGOs have adopted a position that all aspects of reproductive health must be included in a comprehensive health programme during emergencies. WHO has specifically noted that emergency obstetric care to ensure safe delivery (including care of the newborn, nutritional support and basic family planning) should always be available at the initial stages of an emergency, as well as management of complications related to pregnancy, labour, and unsafe abortion and that the enforcement of universal precautions against HIV/AIDS in the early emergency phase is a fundamental need.

12. Given UNFPA's recognized and trusted international leadership role in these areas, as well as its presence in programme countries, Governments and United Nations agencies turn to UNFPA as having the mandate, experience and responsibility to provide technical and material support in reproductive health not only in "normal" times, but in times of special need as well. During the past year, in the Balkans and East Timor political crises and in a number of natural disasters, national Governments as well as UNHCR, WHO and UNICEF have specifically requested that UNFPA respond quickly and take leadership for reproductive health as a full member of the United Nations response team.

II. UNFPA EXPERIENCE

13. Over the past five years, at the request of and in full collaboration with national authorities and with other United Nations agencies, UNFPA has increasingly assisted with the provision of basic reproductive health services in a number of emergencies, either through local and national authorities, local or international NGOs, or partner United Nations agencies, whichever was appropriate. Such assistance has included rapid reproductive health assessments, technical assistance, identification of and agreement with implementing partners, and provision of equipment and supplies, particularly in the area of maternal health and safe delivery. To facilitate quick responses, UNFPA has established Memoranda of Understanding with ICRC, the International Organization for Migration (IOM), UNHCR, and a number of NGOs active in the field. UNFPA is a founding member of the Inter-Agency Working Group on Reproductive

Health for Refugees. In 1999, the Fund published, jointly with UNHCR and WHO, an updated *Inter-Agency Field Manual for Reproductive Health in Refugee Situations,* which establishes standards of care in such situations. In April 2000, in recognition of the importance of reproductive health during emergencies and UNFPA's role in the field, the Inter-Agency Standing Committee for Humanitarian Affairs accorded UNFPA full membership, indicating the United Nations system's recognition of UNFPA leadership in this area. Most recently, UNFPA has been actively involved in discussions with the United Nations Department of Peace-keeping Operations on HIV prevention in peace-keeping missions.

14. At the field level, as a member of the United Nations Country Team under the Resident Coordinator system, UNFPA is an active partner in security management, inter-agency humanitarian assessments and contingency planning. UNFPA increasingly participates in the United Nations inter-agency consolidated appeals. In 1999, the Fund had project components in twelve of the fourteen consolidated appeals. In 2000, UNFPA has projects in seventeen appeals. The Fund has taken the lead role in incorporating gender concerns throughout the process of CAP development for Angola, thus supporting the recognition by ECOSOC that humanitarian emergencies have direct and particular impacts on women and that a gender perspective must be integrated into the planning and implementation of all support activities.

15. During the past year, the needs for reproductive health support in all types of crisis situations have been particularly acute. UNFPA was faced with requests for support from national Governments after natural disasters, during and after armed conflicts, and for continued refugee situations. The Fund was not able to respond to all requests but tried to find ways to provide some minimal but catalytic support in as many cases as possible. UNFPA's strategy is to provide very limited but critical support for those issues where no other organization has the level of expertise that UNFPA has and for issues that tend to be neglected due to their complexity and sensitivity. This support is designed to be selective and catalytic.

Natural disasters

16. A large number of natural disasters occurred over the past year, resulting in population displacements, destruction of health infrastructure and negative impact on health services. After the earthquakes in Turkey and the floods in India, Madagascar, Mozambique, Sri Lanka, Sudan, Venezuela and Zimbabwe, these respective Governments requested specific support to replace or re-establish reproductive health services for the affected populations. In each case, UNFPA provided emergency reproductive health equipment and supplies and participated fully as a United Nations partner in multisectoral emergency relief and in rehabilitation planning.

17. In all of the above cases, at the request of the respective Governments, reproductive health activities planned under the country programme were re-directed, and existing programme funds were utilized for newly urgent national priorities. In some cases (Mozambique and

Turkey), additional resources were provided by donors in response to the consolidated appeal or to other requests, and these additional funds facilitated the rehabilitation of reproductive health services. It should be noted that the Fund's support in these special situations retained the same goals (e.g., improved access to quality reproductive health services) as in the country programmes and the same beneficiaries – under altered circumstances.

Conflict and refugee situations

18. In some UNFPA programme countries, including Afghanistan, Angola, Burundi, Colombia, Republic of Congo, Democratic Republic of the Congo, Eritrea, Ethiopia, Indonesia, Islamic Republic of Iran, Kenya, Pakistan, Russian Federation, Somalia, Sudan, Uganda, United Republic of Tanzania and Yugoslavia, armed conflict or political crises resulted in new displacements of population groups or perpetuated the refugee status of others, all of whom needed continuity of reproductive health services. In many of these countries, the disruptions presented the added risk of increased transmission of HIV/AIDS.

19. In these situations, UNFPA country offices provided support for needs assessments, developed projects for the consolidated appeals, worked with national counterparts to revise country programmes projects and budgets to cover new needs and solicited donor response to the CAP while at the same time serving as a full member of the United Nations Country Team, with security and contingency planning obligations. In many cases, funding available from existing resources (the country programme budget) was very small and often had already been allocated for various projects and had to be re-programmed. In most cases involving international refugees, however, use of country programme funds was not possible, and support was dependent on extrabudgetary support from donors.

20. The crisis situations in Kosovo and East Timor presented special dilemmas in that UNFPA had no country programme budgets for either place. Yet, as part of the United Nations system, the Fund had to play a role and fulfill its mandate within the newly established United Nations administrations in these areas. Given the mandate of UNFPA, the directives of the ICPD Programme of Action and, especially, the responsibility of the United Nations for the populations of Kosovo and East Timor, the Fund pursued strong efforts to secure extrabudgetary support to assist in these cases.

21. In the Balkans, UNHCR specifically requested that UNFPA move quickly to provide leadership in the area of reproductive health. Rapid donor response to the CAP allowed the Fund to respond quickly to the needs of refugees from Kosovo who had moved into Albania and the Former Yugoslav Republic of Macedonia. In these two countries, the rapid influx of large numbers of refugees from Kosovo overwhelmed the health services of the host country. UNFPA provided supplies to international and local NGOs that were managing health services in refugee camps and also to the national health systems of the host countries. The Albanian Government

allowed its own country programme funds to be used for early response activities, which contributed to effective response. The Fund supported the first assessments of sexual violence towards Kosovar women in order to plan for counselling and assistance to the women and their families. In Kosovo itself, once the refugees had returned, the Fund faced the challenge of working with other United Nations and NGO partners to reestablish reproductive health care in a situation where many facilities and services had been completely lost and where women had experienced significant sexual violence.

22. In contrast to the situation in Kosovo, donors have been less supportive in East Timor, where needs may be even greater. In an effort to provide basic support with extremely limited resources, UNFPA has established a close working relationship with an international NGO that is coordinating reproductive health care. UNFPA activities in East Timor are being managed by a United Nations Volunteer.

23. In the cases of Kosovo and East Timor, UNFPA was able to be responsive, even if in a small way. In other cases, such as Angola, well-designed interventions, which would have saved the lives of women and infants and prevented the spread of fatal disease (AIDS), could not be supported. In some such cases, there was simply a shortage of funds; in others, there were delays in receiving funds that had been pledged by donors and this impeded programme implementation.

III. CHALLENGES

24. As reviewed in detail in document DP/FPA/1999/6, in most cases where UNFPA has provided emergency support for unanticipated needs, national authorities have simply requested revision of existing project activities and budgets to respond to the new needs and have worked with the local UNFPA office to establish new priorities and workplans within the overall goals of improving and protecting reproductive health. In a few cases, where there were country programmes with projects still under development, these projects could be adapted to the new needs. On the other hand, in many cases, country programme funds either were not immediately available or were not easily accessible. And, in some cases, there was no country programme at all and no budget to be accessed. These recent experiences have highlighted the need for more flexible financing mechanisms to improve UNFPA's response capacity.

25. UNFPA has become better equipped to deal with emergency situations. Over the past year, it has streamlined its programming in order to be able to respond to the increasing number of requests for emergency reproductive health and population assistance. The set of twelve types of pre-packaged emergency reproductive health kits (developed by the Inter-Agency Working Group and assembled by UNFPA, which also procures the kits for other agencies) have been evaluated, improved and are in increasingly greater demand by other United Nations agencies and by NGOs. With support from the Government of Belgium, a training programme has been

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started for UNFPA, other United Nations agencies, NGOs and national staff in the use of the guidelines found in the *Inter-Agency Field Manual*. Belgium is also supporting advocacy, including a series of sensitization sessions for United Nations and NGO staff, on the reproductive health needs of refugees.

26. A review of best practices for provision of reproductive health for adolescent refugees and internally displaced persons is under way. A roster of UNFPA staff with special expertise and emergency experience available for temporary redeployment has been developed, and discussions are under way about the staffing needs for country offices in special situations. With support from the United Nations Foundation, the Fund has started an evaluation of past experience in the provision of reproductive health services to refugee and displaced populations as well as documentation of the reproductive health status and needs of forced migrants. Newly recruited UNFPA Representatives now receive briefings on United Nations emergency response and post-conflict rehabilitation modalities as well as security briefings by the Office of the United Nations Security Coordinator.

27. The greatest challenge and impediment to effective UNFPA response in emergencies are the financial constraints. UNFPA country office and headquarters staff have spent considerable efforts in participating in the Inter-Agency Needs Assessments and CAPs for 1999 and 2000. The projects included in the CAPs were developed after intensive assessments of the special situations, detailed discussions with local authorities and other United Nations agencies and with careful consideration of the development implications of the activities. However, as noted by the United Nations Emergency Relief Coordinator, donor response to the CAPs over the past year has been disappointing and inequitable.

28. Relying entirely on the CAP process has left the reproductive health of many people living in precarious positions at serious risk. In response to the 1999 Balkans appeal, seven donors provided resources to UNFPA, and nearly all activities were funded. Yet, there was no donor response at all to most of the other appeals. The only other extrabudgetary support that UNFPA received for emergency situations over the past year was for reproductive health supplies for Turkey after the earthquake had destroyed clinics and disrupted services, for a small project for displaced persons in Ethiopia, and for flood relief in Mozambique. This has resulted in a very unfortunate inequity: women in Angola and in East Timor, for example, have not been able to receive the support they required to meet their reproductive health needs.

29. In order to address this situation, UNFPA will continue to participate actively in the strengthening of the appeal process, with hopes for greater success in the future, and will make special efforts with individual donors. One goal of UNFPA is to improve advocacy and fund raising in order to mobilize extrabudgetary funds to meet needs in a more equitable manner: to share the message that women and men and adolescents in situations that may be "forgotten" by the international media are not forgotten by the United Nations.

30. Even in cases of good donor response, however, delays in actual receipt of funds can delay urgently needed support in that UNFPA financial rules require that funds must be received, not only pledged, before they can be disbursed. When extrabudgetary funds are used for such emergency situations but when UNFPA must wait until those funds are in hand before beginning the procurement of urgently needed supplies or providing the technical expertise requested, important opportunities for intervention are lost. In some cases over the past year, small amounts of funds for assessments or initial supplies have been provided from a general emergency support project funded by the United Nations Foundation, allowing country offices the time needed to discuss larger requirements with donors and other partners. This "seed" funding has enabled the initiation of activities that, once donors were able to see and appreciate their worth, encouraged the provision of greater support. Thus, the limited experience so far indicates that leveraging small amounts at the beginning of a crisis is a productive strategy for resource mobilization. However, even such small amounts are not normally available.

IV. PROPOSED ARRANGEMENTS

31. In order to be able to respond quickly, UNFPA must be able to access funds quickly in emergency situations. UNFPA proposes to use a small amount, up to $1 million per year, for special circumstances, based on principles similar to such mechanisms as UNDP's TRAC 1.1.3 funding mechanism. (The TRAC 1.1.3 mechanism was approved by the Executive Board in 1995 and earmarks 5 per cent of UNDP core resources to be available to Countries in Special Development Situations.) These funds could be accessed in situations where serious and immediate population and reproductive health needs are clearly identified but where: (a) regular country programme funds are not available at all; (b) country programme funds are not immediately available but could be used at a later date for reimbursement; and/or (c) donor support for the UNFPA component of a United Nations CAP has been committed but funds are not yet in hand. In the last two cases, the reserve would support the cost of immediate needs and would then be reimbursed.

32. UNFPA will continue to seek extrabudgetary resources for support of population and reproductive health in crisis situations, considering the $1 million of core resources as a leveraging base from which to build appeals for such resources. Even this small amount would, however, provide the necessary and immediate access to support required in the initial stages of an emergency or in other special situations and would also enable timely commencement of activities that country programme or extrabudgetary resources could assume at a later time. It would allow for a significant improvement in UNFPA's ability to respond quickly to the urgent needs identified by government counterparts and by United Nations inter-agency assessments. It would provide a simple mechanism for responding to urgent needs that could significantly improve UNFPA's capacity to respond in the areas of its mandate, while at the same time ensuring accountability.

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33. UNFPA will set clear criteria for access to such funding and would use the same financial and accounting procedures and oversight as for other programmes. UNFPA would provide to the Executive Board a detailed report on the use of the proposed fund after the first year, with an assessment of how well the mechanism had functioned during that period.

V. ELEMENTS FOR A DECISION

34. The Executive Board may wish to:

a) Encourage UNFPA to continue to develop its work in providing population and reproductive health assistance in difficult circumstances, as outlined above;

b) Endorse the use of up to $1 million per year for special circumstances as set forth in paragraph 30 of this report.

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UNFPA INTERNAL AUDIT AND OVERSIGHT ACTIVITIES IN 1999

Report by the Executive Director

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1. This report provides the Executive Board with a summary of internal audit and oversight activities of the United Nations Population Fund (UNFPA) in 1999. It outlines the key issues in the findings of internal audits and in the oversight activities of the UNFPA Office of Oversight and Evaluation (OOE). The report is being submitted in response to a request made by the Executive Board at its second regular session 1996.

I. ORGANIZATION AND RESOURCES

2. Under the provisions of UNFPA Financial Rule 114.18, the Executive Director has arranged with the Administrator of UNDP, for the internal audit services of the Fund to be undertaken by the UNDP Office of Audit and Performance Review (OAPR). The Executive Board may also wish to refer to the report of the Administrator of UNDP on internal audit and oversight activities (document DP/2000/21) which is being submitted at the present session.

3. The UNFPA Internal Audit Section became operational in May 1993 and consists of a Chief, one Audit Specialist and one support staff. Since July 1999 efforts have been made to strengthen the Section but for various reasons, including difficulty in identifying qualified candidates, the process has not yet been completed. As a result, the Section uses consultants and contractors to expand audit coverage. Six consultants were recruited by the Section during 1999.

4. The UNFPA Internal Audit Section is further augmented by services provided by commercial firms contracted by UNDP. The work carried out by these firms is under the supervision of the Regional Audit Service Centres in Harare, Zimbabwe, and Kuala Lumpur, Malaysia. A Regional Audit Service Centre was opened in 1999 in Panama to cover the Latin America and Caribbean region, and a contractor was identified to provide audit services to both UNDP and UNFPA in the region during the year. The contracted firms examine the annual accounts and conduct compliance audits, on a biennial basis in the cases of Africa and Asia and the Pacific, of all offices where a UNFPA Representative is assigned and of selected offices where the UNDP Resident Representative is also the UNFPA Representative.

II. INTERNAL AUDIT ACTIVITIES IN 1999

5. The internal audit activities carried out during 1999 include the following:

- Management audits in 7 country offices;
- Special audits in 2 country offices;
- Compliance audits in 14 countries in the Africa region undertaken by one public accounting firm;

- Compliance audits in 7 countries in the Asia and the Pacific region undertaken by one public accounting firm;

- Compliance audits in 5 countries in the Latin America and the Caribbean region undertaken by one public accounting firm;

- Evaluations of 1998 audit reports for projects executed by Governments and non-governmental organizations (NGOs) for about thirty countries and six international NGOs and follow-up with countries that had not submitted audit reports or for which some reports were missing.

6. In the Africa region, difficulties were experienced following a merger of the contractor with another public accounting firm. In particular, the delivery of reports by the contractor during 1999 did not meet expectations. Consequently, numerous reports on audits undertaken in 1999 will be issued during 2000. The evaluation of audit reports under national execution could not be completed due to constraints in staff resources in view of other work priorities in the Section.

7. The annual audit work plan of the UNFPA Internal Audit Section was developed in close consultation with the OOE. The work plans of the Section and of the OOE were coordinated, and the Section work plan was revised periodically to reflect special audit requests and changing circumstances that arose during the year.

8. In order to enhance the quality of its services, OAPR continued the programme of quality service initiatives (QSI) during the year. The QSI aim to improve the way OAPR conducts its business, including improvement in the outputs of the Section. In that context, OAPR issued guidelines on client service standards for the conduct of audits, on dissemination of audit, investigation and management audit reports and on information sharing. Some of the initiatives were part of a continuous process that led to improved practices and results in the operations of the UNFPA Internal Audit Section. The Section was very involved in the above process during 1999. Staff development is important for OAPR to meet current challenges in the profession. In this respect, during 1999 the staff received training on the Integrated Management Information System (IMIS).

9. OAPR and particularly the Section offered advisory services to UNFPA units. Some services were solicited by the units while others were initiated by the Section following management audits. For example, the Section provided comments on the draft of the Fund's revised Finance Manual. A document called Internal Control Considerations was finalized by the Section with the assistance of OOE for use in country offices. The management audits

provided valuable information to strengthen the internal control structure and performance of UNFPA.

III. PRINCIPAL AUDIT FINDINGS AND FOLLOW-UP ACTIONS TAKEN

10. Of 28 audit reports issued in 1999 (including seven reports of 1998 audits), the level of internal controls and the compliance with financial and administrative requirements were found to be satisfactory in half of the offices audited. Two offices were rated seriously deficient, five offices were deficient and five offices were marginally deficient. Listed below is the distribution of recommendations by functions:

Area	No. of recommendations
Programme matters	200
Financial operations	61
Personnel administration	90
General administration	173
Office automation	76
Total	600

Summary of key issues

11. The following is a summary of issues, classified by subject, raised by the auditors and contractors. It should be emphasized that the observations apply only to some and not to all the audited units. Audit findings are closely reviewed by UNFPA at the most senior level and follow-up actions are undertaken by the concerned parties and monitored by the respective divisions and OOE. The issues listed are being followed-up.

Closure of operationally completed projects

12. After a concerted effort, nearly 1,800 projects were closed in 1998 and 460 in 1999. In addition, some 800 projects have been identified as "inactive" and are in the process of being closed. Despite these efforts, in several audits it was reported that projects operationally completed had not been financially closed within twelve months after activities had been completed. Delays were incurred in meeting project closure requirements due to late response from the executing agencies, discrepancies between the office and headquarters records and lack of follow-up by some offices. Timely closure of operationally completed projects continues to be highlighted in field-headquarters communications and by headquarters programme staff during country visits. The Finance Branch is regularly flagging "dormant" project accounts for review by programme units in an effort to accelerate closure actions.

Documentation of policies and procedures

13. The completion of a consolidated set of policies and procedures is under way. Most of the Policies and Procedures Manual consisting of the Organizational Handbook, the Programme Manual, the Administrative and Personnel Manual, the Finance Manual and Additional Guidelines and Guidance Notes has been revised. The Administrative and Personnel Manual is being completed and the revised Finance Manual will be issued shortly. In addition, draft guidelines on the collaboration with the private for profit sector have been distributed.

14. Some sections of existing manuals need to be further developed and action is being taken in this regard. For example, audits indicated that UNFPA was providing grants under projects, yet prerequisites to qualify for grants had not been established and the Programme Manual did not provide guidance in this area. Also, the Manual did not delineate reporting requirements under subcontracts and deletion of equipment from inventory following disposal of equipment. In an effort to address these issues, revised guidelines on subcontracts and grants were reviewed by the Fund's Policy and Planning Committee and a further draft is being prepared for discussion and approval.

Advances to UNFPA staff and project staff

15. Some audits showed that advances were made to office and project staff to cover expenses for seminars, advocacy and media coverage and expenses for special events. These advances were not always accounted for in a timely manner or at all and several of these cash payments could ideally have been made by cheque. In addition, a record of advances was not kept, as these advances were charged to the projects as expenditure, in accordance with standard practice. On 26 August 1998, a circular was issued by UNFPA headquarters to all staff to address this issue.

Special audits

16. Special audits were carried out in two country offices during the year which resulted in two disciplinary reports being issued in one case and one in the other case. Additional disciplinary reports pertaining to the latter case will be issued in early 2000.

17. In the case of one of the two special audits, a management letter was issued in addition to the two disciplinary reports. It pointed, inter alia, to the use of project personnel for core functions assigned to the office and noted that some project personnel providing services to projects were charged to the wrong projects and project funds were used to procure equipment for core staff.

18. In the second special audit, significant non-compliance was found in respect of UNFPA Financial Rules and Regulations and procurement guidelines, particularly in connection with the execution of construction components. Due process is being followed in pursuance of appropriate disciplinary and managerial actions.

Organization and staffing

19. In the organization and staffing area, the findings showed that in some offices the absence of a UNFPA-appointed Representative resulted in inadequate supervision. In other offices there was insufficient capacity to support effective programme delivery. In four country offices, project staff were assigned to carry out core functions in addition to providing direct support at project offices/sites. It is recognized that the thin staff resources in most country offices are inadequate to support national execution and there is a need to supplement, at least on a temporary basis, country office capacity to discharge this role. This is particularly so in the context of a programme/subprogramme approach when backstopping needs to be provided for the coordination and management of clusters of projects rather than for single projects. For this reason, the Fund is in the process of further elaborating guidelines for the use of National Professional Project Personnel (NPPP) to meet the technical and managerial needs of national execution in coordination with United Nations Development Group (UNDG) partners.

Programme

20. In the programme area, findings include the need to strengthen monitoring and reporting on projects. This includes the need to carry out and document field monitoring visits and prepare annual project reports. In some cases, audit reports for projects executed by Governments and NGOs had not been received in accordance with the guidelines. In a few cases, Letters of Understanding and project documents had not been signed prior to the commencement of project activities. Differences, in some cases material, between the balance of the Operating Fund Accounts in the field and at headquarters had not been reconciled. An inventory of non-expendable equipment was not available for projects in some offices.

21. Other findings include the lack of follow-up by some offices on issues identified in audits of nationally executed projects. In two offices the amount approved in the country programme by the Executive Board for the project audits had been exceeded. The Executive Director will conduct a country-by-country review of expenditures versus allocations in 1999 to gain an understanding of the difficulties encountered.

Finance

22. In the finance area, the findings include that the Status of Allotment Reports had not been sent to headquarters within 15 days of the end of each quarter and that physical and accounting

controls over petty cash funds were inadequate. Some offices had not recovered the sales and service taxes from which UNFPA is exempt. There were some cases in which payments had been made in advance of delivery of goods without supporting documentation or justification in the purchase order/contract. Hospitality expenses were not always made in accordance with the guidelines.

Administration

23. In the area of general administration, the findings include that a physical inventory had not been taken and consequently offices may not have been aware of misappropriated or missing items. Equipment in the custody of the office had not always been included in the office inventory. In a few offices there were some shortcomings in the procurement procedures followed: a lack of segregation of duties, wherein established checks and balances procedures may not have been strictly applied; quotations for equipment and services had not been obtained; receiving and inspection reports were not prepared; and procurement of equipment and services in excess of $70,000 had not been consistently submitted to the Contract Review Committee at headquarters. Shortcomings were also found in regard to the management of official vehicles. Services provided by UNDP in the field, particularly in the finance and administration areas, were not always documented nor covered by an agreement with arrangements for remuneration. Efforts to address this issue and formalize all such arrangements are currently being pursued. The provision of common and shared services should in future be conducted under guidelines being developed by UNDG and should be subject to the signature of a standard Memorandum of Understanding.

24. Other findings are that monthly inventory reports had not always been submitted when acquisitions or disposals of equipment had taken place. In some offices, travel services were not covered by a contract and the offices had not attempted to negotiate better terms for travel together with other United Nations agencies. Telephone usage was not adequately monitored, and the costs of personal telephone calls were not systematically recovered. In some cases, controls over petrol were weak.

25. UNFPA headquarters provides guidance and advice on all such matters and indicates appropriate measures which need to be taken to redress the deficiencies identified. Issues and problems that may arise repeatedly are included in all procurement training and briefing of country office personnel. Issues such as the return of receipt and inspection reports have been covered by specific circulars. Practical guidance on vehicle management is provided in chapter 2 of the UNDP Manual on operations management, which UNFPA country offices are directed to apply.

Personnel

26. In the area of personnel administration, it was reported that the Performance Appraisal Review process was not always carried out in accordance with the guidelines. Staffing tables were not updated and forwarded to headquarters on a quarterly basis or were incomplete. Shortcomings were also found in the maintenance of leave records. Other findings refer to occasional inappropriate use of Special Service Agreement contracts and insufficient documentation for overtime payments. In a few cases, staff members, generally drivers, worked overtime in excess of the monthly limit.

Office automation

27. In the area of office automation, findings pertain to limitations in backup and hardware maintenance arrangements and the lack of a disaster and recovery plan. Duplication of efforts due to the lack of interface between the United Nations Field Office System (UNIFOS) and the Window version of Field Office Accounting System (WINFOAS) and inadequate use of anti-virus software was also noted. In a few instances, licenses were not available for the software being used and lapses in internal controls such as use of passwords was noted. It should be emphasized that some of the shortcomings occurred prior to the issuance of the new Management Information System (MIS) guidelines that address the relevant issues. The MIS guidelines specify measures for disaster recovery and backup. Country offices have electronic access to the guidelines through the Bulletin Board System. Maintenance arrangements through UNDP and other United Nations agencies are encouraged. Country offices have been instructed not to use unauthorized copies of software, and licences for use of a number of software, including anti-virus software, are obtained by headquarters. An interface between UNIFOS and WINFOAS is now available and steps have been taken to avoid a duplication of efforts and UNDP instructs its field offices to use the interface.

Implementation of audit recommendations

28. Country offices in Africa and in Asia and the Pacific have been audited regularly on a biennial basis since 1997. It has been a standard item in the audit programme to examine the implementation of previous audit recommendations. A review of audit reports issued in 1999 indicates that 80 per cent of the offices audited more than once since 1997 had fewer than four outstanding recommendations. In most cases, the outstanding recommendations had been partially implemented or were either not economically possible or difficult to implement in light of the programme cycle.

Follow-up missions

29. In 1999 UNFPA conducted three on-site reviews of the appropriateness of the measures taken in two country offices and in one Country Technical Services Team (CST) office to implement the auditors' recommendations. Overall, offices made good progress in implementing the auditors' recommendations and were found to be on track for improvement.

Special reviews

30. In follow-up to the management letters issued by the United Nations Board of Auditors concerning UNFPA operations and analyses of audit and other review reports, the OOE undertook a few special studies in 1999 to provide senior management with more in-depth knowledge on the management of cash advances, the use of grants and subcontracts in UNFPA-supported programmes and UNFPA-managed construction projects. These studies were additional to the regular reports prepared by the OOE on trends in audit observations that are discussed by the Executive Committee.

31. The analysis of the management of cash advances revealed that the effectiveness of cash management varies by region and by execution modality. It was found that a small number of projects account for a relatively large share of net total outstanding advances for NGO-executed projects and that these were concentrated in the intercountry programme and projects managed by three offices. Similarly, a small number of projects accounted for a relatively large share of net total outstanding advances for government-executed projects. The findings of this study enabled programme management units to monitor closely the use of advances in those countries that exhibited shortcomings in this area in the past.

32. A study on grants and subcontracts revealed that existing guidelines are vague and need to be clearer to facilitate internal controls. At the same time, it was noted that country offices and programme managers have made good efforts to monitor the use of funds through these modalities. The use of grants and subcontracts in combination with UNFPA execution could significantly distort reporting on execution modalities, thereby exaggerating the volume purportedly executed by the Fund. As a result of the study, as noted above, efforts are under way to elaborate more detailed guidelines for the use of grants and subcontracts.

33. The desk study on UNFPA-managed construction projects indicated that although such activities continued to be a very small share of annual programme expenditures, past practices posed cause for concern. It was found that country offices did not always comply with procurement procedures in contracting for construction and that in the current decentralized environment there was little information at headquarters about the use of funds allocated to construction projects. It was highlighted that there was a need for more explicit policy guidelines regarding the advisability and conditions for UNFPA execution of construction, with

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due recognition that this may be a high-risk undertaking. With a view to elaborating such guidelines, a survey was conducted among all country offices to gather data on UNFPA support of construction. Such data will serve as the basis for policy-making in this area. In the interim, to redress potential problems in this area, the authority to approve construction activities by UNFPA execution has been delegated to the Deputy Executive Director (Policy and Administration) alone. Regardless of the execution modality, the UNFPA Country Representative is required to submit all proposed construction requirements for approval by headquarters, upon approval of the country programme by the Executive Board. Approval may then be given on a case-by-case basis.

IV. ANALYSIS OF MID-TERM REVIEWS

34. The OOE undertook in 1999 a desk review of the mid-term reviews (MTRs) of UNFPA-supported country programmes that had taken place during 1997-1998. Only eight MTRs (in Benin, Chad, Zimbabwe, Indonesia, Pakistan, the Philippines, Turkey and Honduras) were conducted during this period, due to the small number of country programmes which started in 1994-1995, coupled with the fact that some programmes with shorter duration did not conduct an MTR. The process of the MTRs and their findings and recommendations were examined in order to monitor trends and changes in programme performance and management and to identify substantive and operational issues for consideration by relevant offices. The analysis benefited from the rapid assessment of 1998 MTR processes conducted by the Fund's Geographical Divisions to review the use by country offices of new guidelines issued in late 1997.

MTR process

35. The review period saw a mixture of MTR processes, due to the change in programme guidelines introduced in late 1997. This contributed to variations in the length and content of the background document and the format of the MTR. Some of the country programmes were developed according to the old work plan categories. For these programmes, the MTR was the occasion to reorient the programme in line with the new priority areas of reproductive health, population and development strategies, and advocacy. The participatory nature of the MTR was well established, involving the Government, UNFPA headquarters, CSTs, NGOs, United Nations agencies and other donors. This, however, sometimes led to a long MTR process of up to one year. The tendency to conduct an MTR later than the mid-point of the programme cycle was due to the fact that some programmes did not become fully operational until the second year of the programme period. The MTR process has proved to be an excellent forum for open discussion and the close involvement of stakeholders in planning the subsequent phase, i.e., to lay the foundation of the Country Population Assessment (CPA) that follows thereafter.

36. It should be noted that the MTR has become an integral part of the programme development process and the recommendations emanating from the MTR are a point of

departure for the CPA process. As a result, programme development is not a fragmented process and benefits from the situation analysis, programme evaluation and adjustments that occur at the time of the MTR. The involvement of headquarters is important in the MTR process and has produced positive results. MTRs that recommended extension of the programme duration and/or additional funds were submitted to headquarters for decision. It was noted that such submission was not always timely, and in one case the approved expenditure authority for regular resources had already been exceeded at the time of the MTR. The documentation was not uniform and sometimes did not contain sufficient information to justify an increase in the programme level or an extension. The need to elaborate more detailed guidelines on the MTR process is being addressed and will take into account the effort under way with UNDG partners to develop procedures for joint MTRs. Summarized below are the key findings and recommendations drawn from the eight MTRs with regard to priority programme areas, strategies, programme design and programme management and coordination.

MTR findings and recommendations

37. Availability of reproductive health services to couples and individuals. The shift from maternal and child health/family planning (MCH/FP) to the broader reproductive health focus has occurred at least at the conceptual level in all eight countries reviewed. Some Governments made specific efforts to introduce reproductive health elements in the assessment of the quality of services, to identify components to be included in the reproductive health service package, and conducted a reproductive health baseline survey. In the eight countries where MTRs were undertaken many training courses had been organized, although the content was on limited aspects of reproductive health and/or basic knowledge of sexual and reproductive health and rarely covered skills necessary to translate knowledge to practice. In a number of project sites, UNFPA support for increased contraceptive availability and improved contraceptive logistic management had contributed to rising contraceptive prevalence rates. At the operational level, while progress is being made in making a package of reproductive health services available, there are many challenges and constraints. The eight MTRs found that UNFPA-supported programmes needed to accelerate the shift from MCH/FP to a reproductive health focus and, in that regard, assistance to Governments needed to be enhanced.

38. A number of reasons were identified for the slow progress in operationalizing the reproductive health approach. They include vertical government administrative structures and parallel service programmes, limited collaboration among different departments within the Ministry of Health and between the Ministry of Health and other partners, limited communication between the central office and local offices, legal barriers and the lack of a national reproductive health strategy and/or programme, social and cultural barriers that inhibit open discussion about gender, sexuality and reproduction, and low awareness of the content and significance of the Programme of Action of the International Conference on Population and Development (ICPD) among lower-level national counterparts with responsibility for operational

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matters. Most of the eight MTRs agreed on the need to strengthen the programme focus on reproductive health, except for one case where it was decided to keep the focus on family planning to consolidate gains rather than broaden assistance to other reproductive health areas.

39. In the eight programmes reviewed, various MTR recommendations were made concerning HIV/AIDS, ranging from promoting more effective coordination between the Government, civil society and UNFPA, to adapting different approaches and strategies which would focus more on various groups of high-risk populations. These recommendations were in line with those of the thematic evaluation of UNFPA-supported HIV/AIDS interventions.

40. Access to reproductive health care among youth and adolescents. In many of the eight programmes reviewed, most of the clients served were married women of reproductive age, and access to reproductive health care for unmarried youth and adolescents was limited. Attempts were made to reach youth and other target groups through engaging NGOs and this effort led to reduced incidence of reproductive health problems among youth in one country. In other countries, however, adolescent reproductive health programmes focused on middle- to high-income youth in school and provided only information and education but not contraceptives. In spite of a higher adolescent pregnancy rate among the less educated, an out-of-school strategy was absent. To address the tendency to group youth/adolescents as one homogeneous group, the MTRs called for strategies that would target different adolescent groups and would link education and services and form a part of broader social development efforts.

41. National capacity building for policy development, research and analysis of population data. In this area, the MTRs found that the focus had been on strengthening the technical capacity of institutions to conduct research, analyse data, and produce a reliable demographic data base for formulation of population and reproductive health policies and programmes. The most often cited problem in this area related to the utilization of data. Some programmes collected large volumes of data on clients served, but the data were not fully used by project management or local planners, or shared among Government institutions and NGOs. A few reports noted specific outputs such as disaggregation of data by sex and age.

42. Gender equality and empowerment of women. In the eight countries where MTRs were undertaken, UNFPA contributed to increased media coverage of gender issues and was instrumental in effecting the passing of several bills protecting women, their health and reproductive rights. In spite of these specific achievements, much less attention was paid to mainstreaming gender concerns in other projects and programmes. It was felt that the concept of gender was not fully understood by most of those involved in project development, management and implementation. Gender issues continued to attract minimal resources/efforts in some countries. Progress has been slow in involving men in reproductive health programmes. Gender training modules tended to focus on creating awareness rather than on enabling trainees to undertake gender analysis. Tools for integrating gender concerns into policies and programmes

were not included. Two of the eight MTRs recommended that all subprogrammes be reviewed to ensure that the programme as a whole integrates gender concerns. One other MTR recommended that a standard methodology for undertaking gender analysis be developed.

43. Advocacy. In the eight programmes reviewed, various advocacy strategies were used to gain the support of stakeholders in programme areas. It was too early to assess their relative effectiveness at the mid-point of the programmes, as many activities were still at the development stage. However, advocacy for the concept of reproductive health services seemed to have produced positive results among high-level Government officials. Some bottlenecks cited were the lack of technical expertise among project staff in advocacy and communication skills.

44. Programme design. The eight country programmes reviewed were developed before the logical framework approach was introduced. Some of the programmes had attempted to recast their projects into subprogrammes. Understandably, linkages and coordination among subprogrammes and projects were limited and little synergy among them was discernible. Implementation arrangements and coordination mechanisms for subprogrammes were not always well articulated. One MTR questioned the efficacy of allocating a large amount of funds to several projects using the same approach without first testing its effectiveness. Another review cautioned against multiple fragmented, localized pilot or demonstration projects without a clear plan for assessment or replication at the national level.

45. Programme management and coordination. In the eight programmes reviewed, limited national capacity, including understaffing of counterpart agencies and their multiple responsibilities, affected programme implementation. When projects were decentralized, the lack of qualified technical staff at provincial and district levels often posed a problem. National capacity for programme management, internal and external coordination remained limited. This, combined with the sometimes complex national administrative structure, made the use of the national execution modality difficult in many countries. Monitoring and supervision by the Government and UNFPA were not always adequate. At times documentation and reporting did not include sufficient information on results. In some cases there was a lack of local-level data to measure progress and outcomes, particularly when projects operated in dispersed geographic areas. The dissemination and utilization of project findings and outputs in new programme/project development need to be enhanced. Many of the eight MTRs identified the need to strengthen coordination, not only among Government ministries but also among United Nations agencies and other donors, for effective programme management.

Recommendations arising from the MTR analysis

46. The desk review of the eight MTRs led to many useful recommendations. Regarding the MTR process, a speedier MTR process was called for with briefer, more analytical documentation of performance based on the logical framework (logframe) approach, focused on

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the programme as a whole rather than individual projects. For new country programmes formulated after 1998 using the logframe approach, the MTR process is expected to be facilitated and strengthened by the use of indicators and baseline data identified at the programme design stage. With regard to programme areas, it was recommended that a gradual shift to a broader reproductive health programme be carefully planned with the Government to reflect the priorities and realities of the country; that conscious efforts be made to include gender-related purposes and/or outputs in the logframe, so that gender concerns would not be overlooked during implementation and monitoring; and that advocacy on the ICPD Programme of Action be continued, including to target programme managers and provincial/district level partners. In the area of programme management, it was recommended that UNFPA should continue to strengthen the capacity of its staff and Government counterparts to monitor and evaluate, using indicators. Feedback mechanisms should be established to disseminate information and findings. A programme monitoring plan should clearly indicate responsible parties and frequency of data collection with respect to the indicators identified in the logframe. It was also recommended that UNFPA urge the Government to take more proactive managerial responsibility for nationally-executed projects and to remove legal, structural, operational and administrative bottlenecks. It was emphasized that UNFPA should facilitate access by country offices to updated financial data so that they could strengthen financial monitoring and make optimal use of scarce resources.

V. POLICY APPLICATION REVIEWS

47. In 1999, the OOE conducted policy application reviews of four country programmes and continued to follow-up on the implementation of recommendations of policy reviews conducted in previous years. These reviews, which are internal exercises, examine in depth the process of programme development and implementation in order to ascertain that appropriate mechanisms to ensure accountability are in place and are being used by UNFPA staff. In addition, steps taken to achieve the Fund's mission, particularly in promoting the implementation of the ICPD Programme of Action, are also reviewed, together with the country office's role in the United Nations resident coordinator system. The reviews also assess the relevance and ease of application of UNFPA policies and procedures and identify areas where greater clarity in programme policy and technical guidance are needed.

48. The findings of these reviews not only provide senior management with snapshots of how selected country offices are performing their managerial and advisory roles, but also serve as a conduit for field staff to provide feedback on the nature and quality of support they require and receive from the CSTs and UNFPA headquarters. In addition, these exercises provide input into the continuous review and assessment of the Fund's policies and procedures. The Executive Director, in consultation with the Executive Committee, determines the follow-up needed in response to each review. Responsible parties in the field or at headquarters, as appropriate, are designated and the concerned divisions are accountable for the implementation of follow-up action related to specific programmes, thematic or financial/administrative areas and for

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reporting on the outcome of these efforts. The OOE is responsible for monitoring and reporting on follow-up actions at the Fund-wide level.

49. Since 1995, UNFPA has conducted 23 of these reviews including the four conducted in 1999. Following each review a report is prepared which contains country-specific recommendations as well as recommendations which have more general or Fund-wide application. In addition to feedback usually provided by concerned divisions and country offices regarding measures taken to address the country-specific issues raised in the reviews, the OOE requests an update on the implementation of the recommendations within approximately one year of the completion of the exercise. To date, all concerned country offices have systematically provided the requested updates. Judging from the comprehensiveness of the information provided and the concrete measures put in place to address the issues raised in the reports, it is evident that the recommendations have in most cases been treated very seriously. Country-specific recommendations have ranged from office management, to programme development, monitoring and evaluation, compliance with administrative procedures, ICPD advocacy, NGO collaboration and donor coordination.

50. Regarding fund-wide recommendations, policy application reviews have proven to be invaluable in the process of continuous review and assessment of the Fund's policies and procedures. The findings of the reviews conducted during 1995-1997 for example, served as major inputs into the new Policies and Procedures Manual published in late 1997. The Fund's policies on poverty alleviation, advocacy and South-South collaboration, were among those identified by the reviews as requiring clarification and subsequently have been addressed in the Manual. Likewise, policy application reviews also identified the need for new guidelines on the operationalization of the programme approach, cost-sharing, programme development, appraisal and approval, as well as guidance on the use of indicators in the Fund's three priority areas. These issues have been addressed in the Programme Manual.

51. Since the publication of the Programme Manual, policy application reviews have identified topics which require further clarification or attention either in the form of training programmes or new policy directives. Operational issues identified by the policy application reviews conducted in 1997 and 1998, for which further instructions have been or are being prepared, include the use of NPPP in UNFPA-supported programmes, mainstreaming of gender concerns in programmes, and the use of private funding in support of country programme activities. The need to streamline and adjust UNFPA procedures to facilitate inter-agency collaborative programming is being pursued through the Fund's participation in the relevant UNDG subgroups. The reviews have also provided insight on some of the common difficulties experienced by country offices in using the logical framework approach as a programme planning and monitoring tool. This information has been used by the Training Branch to tailor refresher training in the logframe methodology. In addition the Technical and Policy Division (TPD), OOE and the Training Branch undertook some preliminary activities in 1999 to prepare

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better guidance for country offices in the appropriate selection of indicators for monitoring programme performance.

52. Of the four policy application reviews conducted in 1999, two were in the Africa region and one each in Asia and the Pacific and the Arab States regions. For the first time the reviews included two programmes not covered by a UNFPA-appointed Representative. Both were in category "A" countries with ongoing comprehensive country programmes covered by a UNFPA-appointed Country Director based in another country. In one case, the review covered a three-year period, which included two years without and one-year with a UNFPA-appointed Representative. The other country continues to be covered by a Country Director based in another country.

53. In the four programmes reviewed in 1999, the country offices had promoted the implementation of the ICPD Programme of Action through the UNFPA-supported programme as well as through special activities related to the preparations for the ICPD+5 review and appraisal. Beyond that, the role of the UNFPA country office varied significantly from country office to country office. In one country the UNFPA country office played a very prominent role in advocating the inclusion of gender, adolescent concerns and the reproductive health approach in the programmes of partners as well as in ensuring the inclusion of reproductive health components in the basic services package being developed under the country's health sector reform process. In another case, perhaps due to country office staff turnover, ICPD promotion was primarily limited to discrete public events such World Population Day and AIDS day. In the two countries not covered by a UNFPA-appointed Representative, the promotion of ICPD had not been vigorously pursued beyond the activities built into the programme itself, due primarily to lack of capacity in a very small office.

54. All of the country offices reviewed were collaborating with NGOs in the implementation of the ICPD Programme of Action. This collaboration included project execution by national and/or international NGOs in all of the programmes reviewed. In at least two of the four countries the country offices had organized special meetings with NGOs to discuss ways to strengthen collaboration in the promotion and implementation of ICPD. As part of these efforts, in one country the country office attempted to facilitate the establishment of an NGO consortium in the area of reproductive health, in an effort to encourage NGOs to work together. In two countries, political sensitivities surrounding NGO collaboration were significant.

55. In three of the countries included in the reviews, the United Nations resident coordinator system was quite active and coordination and collaboration had increased significantly over the last two years. It was noted that UNFPA participated as a full partner, and was generally viewed as an accessible and a committed team player. In one country, however, perhaps due in part to an unstable national situation, United Nations coordination, including the Fund's participation therein, was not adequate, as was donor coordination more generally. In another country,

UNFPA was well recognized for its very active role in broader donor coordination in the population field. Given the Fund's relatively small-sized field presence, its active participation in theme groups in three of the countries resulted in a heavy additional workload for the respective country offices. In the countries without a UNFPA-appointed Representative the even smaller field presence further constrained the Fund's ability to participate.

56. With regard to resource mobilization, one country office had been successful in mobilizing sizeable amounts of donor funding as well as a Government cash contribution equal to 10 per cent of the programme. One other country office had mobilized large donor contributions, whereas the remaining two had mobilized nominal amounts.

57. Although the programmes for the most part adhered closely to the approved programme framework, in one country some deviations were noted. Although the deviations from the original country programme were found to be justified, and the departure was more of form than of substance, the findings prompted the Executive Committee to decide that the consultative procedures and documentation required for programme changes need to be made more explicit in the UNFPA guidelines. The reviews also revealed that the modalities for bridging or "pre-project" activities as well as the treatment of activities carried over from one programme cycle to another also needed to be clarified. Informal guidance on this issue has been provided to country offices. This will also be included in the guidelines in the future.

58. Three of the four country offices reviewed had developed programmes after the new programme guidelines were issued in 1997. These guidelines include, inter alia, use of the logframe approach and full decentralization of programme approval authority to the field. Government counterparts and other stakeholders interviewed during the review process in these three countries expressed their satisfaction with the participatory processes employed in programme development. National counterparts generally professed full ownership of the programme and its component projects.

59. As regards the application of the logframe approach, country offices found the approach to be useful and indicated that the training provided had facilitated its application. However, the reviews also revealed that the selection of indicators to monitor the achievements of the outputs attributable to UNFPA-supported programmes continues to present difficulties. Three of the four programmes reviewed will need to continue to refine this aspect. In addition, it was noted that whereas the logframe approach has been relatively well understood as a programme planning tool, it was not effectively used in monitoring and evaluation. As a result of these and other findings, OOE and the CST evaluation focal points have established an Evaluation Network with the purpose of promoting improved monitoring and evaluation practices throughout the UNFPA. Items on the Network 2000-2001 work plan will include the development of tools to strengthen programme monitoring and evaluation.

60. All four country offices made use of the Project Appraisal Committee, but its role varied from country to country. Constraints to effective use of this mechanism were noted in the countries where there was no resident UNFPA-appointed Representative.

61. UNFPA had a significant role in programme execution in all four countries. Whereas procurement of equipment and supplies constituted the largest component of UNFPA execution, other components, including project personnel, were also executed, in some instances by UNFPA, due to limited government capacity and a lack of other alternatives. In one programme, project staff constituted the largest budget component under UNFPA execution. Two programmes had significantly reduced UNFPA execution of non-procurement components during the course of the last year. In a third country where national capacity for project execution was limited and where UNFPA had played a major role in execution, the Fund's role in execution was replaced by an international NGO in the succeeding cycle. This change, however, was not without difficulties due to the Government's preference for UNFPA execution. The reviews also found that even in projects where UNFPA was not designated as executing agency, the country offices were usually heavily involved in supporting national execution.

62. The four policy application reviews found that the country offices had made extensive use of short-term national consultants, especially for country population assessments, evaluations, and technical studies. Three of the programmes also had used the NPPP mechanism. Rules were usually followed for the recruitment of such personnel, but performance assessment of national project staff, including consultants, was found to be unsystematic in most instances. As a result of these findings, steps have been taken to clarify the appropriate rules and procedures in this regard and to monitor their application.

63. Although the amount of procurement handled by the country offices varied, bidding and other procedures related to procurement were usually satisfactory. Umbrella projects were found useful for responding to unanticipated requests and, in general, to be used for the intended purposes.

64. Overall, it was evident that the small staff in country offices had difficulty in coping with the increased substantive and managerial demands of decentralization and inter-agency collaboration. These difficulties were compounded by staff turnover and delays in filling of vacancies in some instances. Perhaps as a result of these constraints, field monitoring of projects by the country office staff was in general found to be sporadic. Improvements could be made through more systematic and proactive preparation of monitoring plans for the programmes. In addition, increased and improved training opportunities of national staff in technical areas was identified as a need in the four country offices. The roles and duties of country offices, and their capacity, and training requirements are being reviewed and solutions proposed as part of the ongoing work force planning exercise.

65. Although the reviews of countries without a UNFPA-appointed Representative have been limited to the two conducted in 1999, findings suggest that the Fund may have unrealistic expectations of programme countries without a UNFPA Representative and with a very small staff. In addition, it was found that there was a need to further clarify the roles of the Country Director and UNFPA Representative in countries without a UNFPA-appointed Representative.

VI. RECOMMENDATION

66. The Executive Board may wish to:

(a) Take note of the present report;
(b) Express support for strengthening the internal audit and oversight capacity of UNFPA.

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